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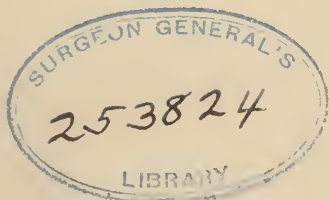
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Startling Facts About Disease

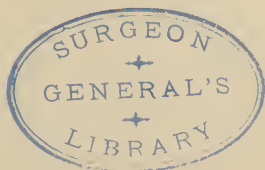
Startling Facts About Disease

CAUSE, CURE
AND
PREVENTION



By
CHESTER LEVERE
M.D.

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PREFACE

I have written this book with no animosity toward the medical profession, for many members of which I entertain a great respect, but rather with a feeling of deep regret that an exposure is necessary.

I know that my book will meet with the most hostile criticism, that my motives will be misconstrued, and my statements questioned and misrepresented. That is the inevitable experience of one who endeavors to abolish the popular evils of his day. Yet so important to the welfare of my fellow men is the information disclosed, that, having tested it thoroughly over many years of wide observation, careful analysis and greatly varying experimentation, I do not feel that I can conscientiously withhold it.

The impartial observer who notes the steady decline, during the past thirty or forty years, in the health of the American people, cannot escape the conclusion that something is radically wrong with some of the conditions that regulate our lives, and that unless those conditions are changed, the general health will still more rapidly decline and the coming generation be anaemic, debilitated and degenerate.

During many years experience in the treatment of disease, I have had conclusively forced

upon my judgment the causes of this general health deterioration, and have by observation, analysis and experimentation discovered and proved the course necessary to restore it.

I am sending this message to the public with the purpose of calling the sharp attention of those who are unconsciously slipping to the peril before them, of lending the hand of hope to those who have already fallen, of giving the conscientious among medical practitioners the clue for which they have so long been groping, and of arousing in the victimized public a compelling sense of the insidious danger confronting them and their children.

I have stated herein only what I know to be true. My earnest hope is that this truth may be widely disseminated, that the suffering may be relieved, that the uninformed and thoughtless may be saved from disaster, and that the splendid energy and conscientious devotion now being largely dissipated through expenditures in false channels, may be directed toward restoring the American physique and health to what the climate, wealth and intelligence of this favored land properly destine it, the most perfect on earth.

Chester Levere.

Evanston, Illinois,
April 3, 1923.

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CHAPTER I.

THE DECLINE IN AMERICAN HEALTH

It is high time that the American people should turn their earnest attention to the great calamity threatening our individual and national welfare. I refer to the decline in the general health.

Government reports show that each year in the United States, 105,000 babies die before they are a month old, besides an equally large proportion of still-born children. These same reports show that fully sixty per cent of the children enrolled in the public schools are defective and need treatment.

"It is a matter of general knowledge," writes Dr. Herbert Martin Stowe, of Northwestern University, in the *American Journal of Obstetrics*, August, 1909, "that the physical condition of woman has deteriorated during the last fifty years."

The physical condition of our young men was brought to light in the first draft of the recent World War, when more than one-third of the men called to the colors were found to be physically unfit for military duty.

In an editorial entitled, "The Dread of Disease," appearing in the *Youth's Companion*,

June 11, 1914, Dr. Goldwater cites the examination of the employees of a New York bank. Every one of them was found "abnormal" and "on the sure road to diseases of heart, lungs, kidneys or blood vessels."

In the California State Journal of Medicine, November, 1922, we find the statement that "Never in the history of the world was there more sickness than there is today."

The mortality of cancer, one of the most dreaded diseases, is increasing at such an alarming rate that in 1913, a "Society for the Control of Cancer" was organized. It was in coöperation with this society, in their "Cancer Week" campaign that the following article appeared in the Woman's Home Companion, November, 1922. The article states: "It is only within a very recent period that the attention of physicians has been drawn to the fact that there has been a great increase in the recorded deaths from cancer, not only in the United States, but all over the world. This increase has reached the point where cancer has become the most important cause of death in women, at least after the age of forty-five, one woman in eight after that age dying of cancer.

"While the medical profession has been fairly appreciative of the gravity of the situation, the public is still largely unaware of the

conditions as they exist. For this reason a Society for the Control of Cancer was organized in 1913 to call the attention of the public to the very grave condition which exists and to arrange for the distribution of such information by lectures, in the form of printed matter, or by any other means, to aid people in recognizing the symptoms which indicate the possibility of an oncoming cancer and hence the necessity of immediate consultation with a physician of competence. . . .”

Anyone who will scrutinize the passengers on a railway train or street car, who will watch the persons walking on the street, or will examine the faces in a church or theatre, will note that only a small percentage show the full flesh and rosy skin that betoken good health. He will also note that the workmen of today are not of the strong, rugged type of thirty years ago.

Inquiry among one's acquaintances will show that the majority of them consume drugs, practice special diets, or resort to other expedients for restoring health or relieving physical distress.

Further inquiry will disclose the fact that a large majority of our population are afflicted with indigestion or constipation to a greater or less degree, and that a large proportion of

them suffer from headache, frequent colds and other ailments too numerous to mention.

This widespread physical degeneration portends not only individual but national disaster. It tremendously reduces the national efficiency, undermines the general mental strength, cuts probably in two the normal production of wealth, diminishes enormously the natural happiness and vastly increases poverty and misery.

It is certain that unless this tendency can be arrested and reversed, the American people will in another generation or two become physically defective and will rapidly pass along the road which leads to national death.

Various philosophers who have noted the rapid and general deterioration in the health of the present generation as compared with that of its predecessors, have made many guesses as to the cause.

It is high time that guessing cease. It is high time that the American people cease to accept with fatalistic resignation this decline in their most precious possession, the health of themselves and their children. The problem should be fairly faced. Common sense should replace the mysticism, artificiality and experimentation, that have hitherto dealt with disease. Conditions should be scientifically analyzed and the true cause disclosed.

It should be kept in mind that this deterioration is confined to the human race. The lower animals, domestic and wild, when given abundant food and water, and when free from accident, violence and serum injections, seldom contract disease, but live healthfully to old age. Why should man, with his superior intelligence, become increasingly defective? Why should he suffer debility, disease and premature death? Biological law shows the average life of all animals to be seven times the age of maturity. Why should man die on the average at one-third such age?

The presumption may be taken as a certainty that the weakness, disease and early death of human beings are due, not to some mysterious agency, but to a transgression of natural laws.

Let us make a comparison between the health of this and the preceding generation. It is indisputable that our fathers were freer from disease.

Why have we degenerated? With our better conditions relating to housing, clothing and sanitation, which have now almost eliminated the plagues, with less toil and hardships, with our greater ability to provide ourselves with the necessities, why are we weaker and sicker than our ancestors?

A cause must be found in some widespread and harmful departures from former habits.

A thorough inquiry and comparison will disclose broad transgressions which are sufficient to account for the sad results. We have abandoned the strong, substantial foods and hearty eating of our fathers for weak, and scant diets. We pollute our bodies with poisonous drugs, serums and vaccines prescribed to us by the doctors for the cure and prevention of disease. We have substituted chlorinated water and pasteurized milk for the natural elements to which our bodies were accustomed and which they require. In short, we have, with practical unanimity abandoned our natural instincts and conformed our whole course of physical conduct to the artificial and experimental mandates of the physicians.

Fifty years ago, the physician was seldom called except in case of child-birth, acute disease, accident or final dissolution. Today, he is appealed to continually by most of our population.

Through state medical control, the physician is forcing his treatment upon the masses, and is more and more shaping the course of life of most families. He fills the magazines and newspapers with advice on all health topics. He strenuously advises as to foods. He controls the water and milk supplies of

most cities. In his effort to check acute diseases he is poisoning the blood, the spring of life, by his increasing and often compulsory administration of vaccines and serums. Practically all of us accept his mandates as to both preventive and curative health treatment.

The medical profession, therefore, controls the physical condition of the people. If that condition has grown steadily worse as that power has extended, the profession must accept the responsibility for the results.

CHAPTER II.

THE BLIND LEADING THE BLIND

"Oh that men would stoop to learn, or at least cease to destroy."—Stokes.

Bernard Shaw has voiced the blind trust in the doctor, in his well known philippic against the medical profession, found in the preface of his play, "The Doctor's Dilemma." Mr. Shaw says: "All that can be said for medical popularity, is, that until there is a practicable alternative to blind trust in the doctor, the truth about the doctor is so terrible that we dare not face it. Molière saw through the doctors, but he had to call them in just the same. Napoleon had no illusions about them, but he had to die under their treatment just as much as the most credulous ignoramus that ever paid sixpence for a bottle of strong medicine. In this predicament, most people to save themselves from unbearable mistrust and misery, or from being driven by their own conscience into actual conflict with the law, fall back on the old rule, that if you can not have what you believe in, you must believe in what you have. When your child is ill or your wife dying, and you happen to be very fond of

them, what you want is comfort, reassurance, something to clutch at, were it but a straw. This the doctor brings you. You have a wildly urgent feeling that something must be done; and the doctor does something. Sometimes, what he does kills the patient; but you do not know that; and the doctor assures you that all that human skill could do has been done. And nobody has the brutality to say to the newly bereft father, mother, husband, wife, brother or sister, 'you have killed your lost darling by your credulity'."

Knowing little of the interior bodily structure and the laws that govern it, the average person, on feeling pain, debility or functional disorder, turns to the men who profess to be masters of them, and with unquestioning faith in their knowledge, without test or investigation of results in similar cases, permits them freely to introduce into his body poisons, the nature and effect of which he knows nothing; to remove from him organs which nature has implanted for a useful purpose, or to prescribe diets and unnatural courses of conduct which may prove disastrous to his health.

Were medical practice an exact science, founded upon scientific investigation and proven by uniformly beneficial results, such confidence would be justified. But it is not a science.

In science, analysis and treatment are formulated only after wide, patient, long continued and impartial investigation, and a proof by rigid tests that certain results invariably follow certain methods.

The history of medical practice shows an entire absence of uniformity in both diagnosis and treatment; not only from decade to decade, but among practitioners at any particular time.

That medical practice is largely a matter of guess and theory, and at best is a series of experimentations, is substantiated by its continual change of the analysis and treatment of disease. The practices of two or three generations ago, such as blood-letting, blistering, violent purgatives, refusal of water in fevers and the denial of fresh air are now admitted to have killed many more than they cured.

The methods of physicians used in George Washington's time offer a striking illustration of popular medical treatments which pass into oblivion and are ridiculed by the next generation.

The following is an account of medical treatment that Washington received. It is taken from an article published in the *Monthly Magazine and American Review*, in 1799, which was reprinted in the *New York Globe*

and Commercial Advertiser, February 23, 1920: "The necessity of blood-letting suggesting itself to the General, he procured a bleeder in the neighborhood, who took from his arm in the night twelve or fourteen ounces of blood. He could not be prevailed on by the family to send for the attending physician till the following morning, who arrived at Mount Vernon at about 11 o'clock on Saturday. Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived, one at half after three, and the other at four o'clock in the afternoon.

"In the meantime were employed two copious bleedings. A blister was applied to the part affected, two moderate doses of calomel were given, and an injection was administered, which operated on the lower intestines, but all without any perceptible advantage, the respiration becoming still more difficult and painful.

"On the arrival of the first of the consulting physicians, it was agreed as there were yet no signs of accumulation in the bronchial vessels of the lungs, to try the effect of another bleeding, when about thirty-two ounces of blood were drawn without the least alleviation of the disease. Vapors of vinegar and water were frequently inhaled, ten grains of calomel

were given, succeeded by repeated doses of emetic tartar, amounting in all to five or six grains, with no other effect than a copious discharge from the bowels.

“The power of life seemed now manifestly yielding to the force of the disorder; blisters were applied to the extremities, together with a cataplasm of bran and sugar to the throat. Speaking, which had been painful from the beginning, now became almost impracticable; respiration grew more and more contracted and imperfect, till half after eleven on Saturday night, when retaining the full possession of his intellects, he expired without a struggle.”

The feeling of scorn and ridicule experienced when reading the above is as nothing compared with the horror which will be awakened in future generations upon reading of the present day serum-therapy.

Dr. Frederick Peterson of New York, in his article “Credulity and Cures,” published in the Journal of the American Medical Association, December 6, 1919, shows us the many therapeutic measures which have been heralded with enthusiasm, practiced by the medical profession and later rejected as useless or worse. Dr. Peterson says: “The same psychological factors are at work in us as in the general public for the creation of faith in the

new drug or in the new method. We do not know enough about it to be sufficiently critical. This ignorance of ours prepares the ground for the new belief, the new conviction. Its value is asserted by authority. And we are eager to believe in the new hope of help held out to us for the healing of the sick. Then again, there are the marvelous mysteries behind all the new names,—harmones, opsonins, endocrines, amboceptors, etc.,—such a wide field for new facts, such a vast horizon for new theories. We can hardly be blamed for not being always able to get our bearings on these uncharted seas.

“It has interested me to go over in this connection some of the therapeutic measures heralded by the profession with more or less vehemence of assertion during my own day. Some of these have already passed into oblivion. When I began practice, clitoridectomy was a reputed cure for many nervous disorders. One scarcely hears of it now. About this time, too, surgeons were competing for their first hundreds in ovariectomy, an operation often then performed not because of ovarian disease, but for some theoretical relation to epilepsy, insanity and psychoneuroses. Around that period the rhinologists came into their own with the turbinated bone obsession. I suppose the reason that one hears so little of it now

is that most of the turbinated bones of our generation have been removed. Turbinated bones have gone out and submerged tonsils have come in. . . .

“For a time, the suspension of patients with locomotor ataxia, on the theory that stretching the spine affected favorably the fibers in the posterior roots, had vogue, and it was rather startling to enter a clinic, hospital or doctor’s office and see one man or several men hanging by the head from miniature gallows. The passing of urethral sounds for the cure of locomotor ataxia had a brief but meteoric career. There was a good deal of trephining for microcephalia, under the impression that the brain would grow if it was given more room; and trephining was done for a time in general paresis but abandoned for good reasons in the course of time. I suppose very few drugs have had such a rapid rise and sudden drop into the medical limbo as crotalin, exploited for epilepsy. It ended like a skyrocket. Perhaps I should mention here in connection with crotalin, *Bacterium Cincinnaticum*, which caused so many epileptics to have their colons reduced to semicolons by operation. This germ is extinct, along with the general paresis germ discovered in Scotland some years ago.

“I suppose many recall a series of volumes entitled ‘Biographic Clinics’, by which the en-

thusiastic author, an ophthalmologist, sought to prove that the majority of diseases were due to eye strain and could be corrected by prisms. He was very bitter against certain of his confreres who believed in the same etiology of human illnesses, but who insisted quite violently on the cutting of eye muscles by a long series of delicate operations to remove eye strain. The originator of the latter method was awarded a prize by a distinguished foreign medical society for his great contribution to science.

“Our past experience should lead us to be extremely cautious and skeptical in the presence of many of the therapeutic measures before us now. Leaders, despite their great intelligence, and high position, often stampede the rank and file of us like sheep. Our leaders are very human and subject to the sway of personal equation. I know one general consultant who seldom makes a diagnosis of anything except hypothyroidism or hyperthyroidism; in fact, I believe that he must in his mind have classified the whole human race as superior and inferior thyroids. I know another who does not see ordinary things in the ordinary light of day, but by a prismatic light; he sees them through the rainbow of endocrines. Surely so much pulling of teeth, so much removal of submerged tonsils is not justified by results. At

least I feel so from the many cases of psychoses, nervousness, sciatica, neuralgia, spinal pains, cervico-brachial neuritis, and the like, which have come under my observation after such treatment had proved futile."

Fred C. Kelly, in his article "Overcoming the Objections of Being Human," published in the *Cosmopolitan*, April, 1922, speaks of his observations regarding the blind faith in the medical profession.

Mr. Kelly wishes it to be understood that his role "is simply that of a reporter, presenting observations within the reach of anyone." He goes on to state: "A majority of people have a belief in the capability of the family physician and in physicians generally, that is well nigh equal to their belief in their accepted brand of religion. Why? Because they have sifted the evidence and determined that the doctor's work is effective? Isn't it rather because they were taught to believe in doctors even before they left the cradle, and have followed them blindly ever since? . . .

"If the medicine the doctors gave us years ago was a good thing to take, we ought to continue taking it. But today the best physicians are those that give the least medicine. . . .

"Any intelligent doctor is willing to admit that the use of medicine in treating ills is on the wane. He admits, too, that many of the

medicines given to us years ago did no good, and in many instances did actual harm. Hence, it must be obvious, if doctors were right years ago, they are wrong today. And if they are right now, they were wrong then. . . .

"Even aside from the medicine itself, the methods once in use have largely been proved wrong. . . . In other words, the methods of the medical profession, considered over a period of years, have not been dependable. . . .

"But, you say, 'let's not rob the doctors of the credit that is their's. Think of all the people doctors have cured.' Here, again, we run into the item of blind faith. Have they really ever cured anybody of anything? What I am getting at is this: have we not often been misled by coincidence? A man is ill and sends for a doctor. The man gets well. Hence, the doctor must have the credit. Inasmuch as many methods of physicians are later admitted to have been wrong, why not say that the man got well in spite of the doctor? We are inclined to forget that curable diseases usually get well of themselves."

Dr. Joseph Zeisler of the Northwestern University Medical School, Chicago, in an article reported in the Journal of the American Medical Association, August 9, 1913, in pointing out the tendency of physicians to fads, says: "There was a time when ovaries were

sacrificed to an extent amounting to a fad. The same criticism might perhaps without much injustice be made today as to appendectomy. A few in this audience may perhaps recollect that short lived fad of nerve stretching in cases of tabes, or may still have in mind the time when galvanocautery of turbinated bodies in the nose was practiced for the relief of hay fever, chronic rhinitis, and almost any pathologic state in the nostrils with a great deal of vigor and very little rationality. . . .

"In former times I could make the almost daily observation that physicians in general and even specialists were very slow in adopting any form of treatment which required the regular use of the hypodermic syringe. That applied, of course, particularly to the treatment of syphilis. All this has changed wonderfully of late when almost anything is being treated by the injection of all sorts of serums and the so-called vaccines of bacterins. . . . "

The late Professor William James of Harvard College, in his address delivered before the Committee of Public Health, Boston, Mass., regarding the exemption of mental healers from the operation of a drastic law pending before the Massachusetts legislature, said: "Were medicine at present a finished science, with all practitioners in agreement about methods of treatment, such a bill as this,

to make it penal to treat a patient without having passed an examination, would be unobjectionable. . . .

“But the present condition of medical knowledge is deplorably imperfect. The whole face of medicine changes unexpectedly from one generation to another, in consequence of widening experience; and as we look back, with a mixture of amusement and horror at the practice of our grandfathers, so we cannot be sure how large a portion of our present day practice will awaken similar feelings in our posterity.”

So it is, that what was considered sound practice a few years ago has now been discarded. What is considered sound practice to-day, will, no doubt, be discarded tomorrow.

No severer indictment has ever been preferred against a so-called learned profession than the following, from an advertisement of a new standard medical text-book, printed April 13, 1915, in the Journal of the American Medical Association. The article reads: “The author has virtually re-written the book in order to include the multitude of changes which have occurred during the last few years in our conceptions of almost every disease as to etiology (cause), pathology (nature), symptomatology (symptoms), and most important, as to treatment.”

This is an authoritative confession by the publishers of a great standard medical work, "Hare's Practice of Medicine," and inferentially endorsed by the official organ of the medical profession, that a few years previous that profession was mistaken as to the cause, nature, symptoms and treatment of almost every disease.

Is there any ground for confidence that it has been successfully revolutionized since then? Would any prudent man feel assurance that the same leaders who now so coolly confess to have been wrong up to "the last few years" on "almost every disease" have now guessed correctly? And would he not, in view of this, hesitate to trust his life and health to the ordinary physicians, the great body of which learned their profession at a time when, according to this evidence, medical practice was wrong as to the cause, nature, symptoms and treatment of almost every disease?

No hospital in the country enjoys wider fame or higher general esteem than the Massachusetts General Hospital. Dr. Richard C. Cabot of that institution is an authority of unimpeachable standing. In an article printed in the Journal of the American Medical Association, December 12, 1912, Dr. Cabot gives a table of the diagnoses in three thousand autopsies, the figures showing the percentage of

errors made by the surgeons in diagnosing the various classes of cases :

Diabetes Mellitus	5%
Typhoid	8%
Aortic Regurgitation	16%
Cancer of Colon	26%
Lobar Pneumonia	26%
Glomerulonephritis	26%
Cerebral Tumor	27%
Tuberculosis Meningitis	28%
Gastric Cancer	28%
Mitral Stenosis	31%
Brain Hemorrhage	33%
Septic Meningitis	36%
Aortic Stenosis	39%
Phthisis Active	41%
Miliary Tuberculosis	48%
Interstitial Nephritis	50%
Thoracic Aneurism	50%
Hepatic Cirrhosis	61%
Acute Endocarditis	61%
Peptic Ulcer	64%
Suppurative Nephritis	65%
Renal Tuberculosis	67%
Bronchopneumonia	67%
Vertebral Tuberculosis	77%
Chronic Myocarditis	78%
Hepatic Abscess	80%
Acute Pericarditis	80%
Acute Nephritis	84%

It should be noted that this analysis is of autopsies: that the patient died under treatment. Dr. Cabot finds that doctors performed operations or administered drugs or treatment with fatal consequences for alleged causes which did not exist in 5% of the first class and 84% of the last. Forty seven per cent of these trustful patients died under treatment regarding the necessity for which the doctors were mistaken, and the remaining 53% died from treatment following correct diagnosis.

Commenting on this gruesome list of mistakes, Dr. Cabot says: "Where Smith and Jones have failed could you or I have done better? I doubt it. The table represents the success and failure ratio of certain methods rather than certain men. They represent the methods of the average American hospital." He further says: "A goodly number of classic, time-honored mistakes in diagnosis are familiar to all experienced physicians. We make them again and again."

Dr. Cabot then gives a list of diseases in which occur "some of the commoner mistakes: . . . acute gastritis, chronic indigestion, bronchitis, asthma, unresolved pneumonia, malaria, typhoid, rheumatism, cystitis, hemorrhoids." All of which maladies proved on post mortem to have been something else.

And he gives another list of diseases which are frequently mis-diagnosed and to which physicians ascribe some non-existent cause: "neurasthenia, gastric ulcer, pernicious anaemia, leukemia, cirrhosis of the liver, congenital renal cysts, and many other diseases." And he remarks, "All this is trite and obvious."

Dr. James N. West, of New York, in an article published in the American Journal of Obstetrics, May, 1909, says: "Osler states that fully one-third of the cases of tubercular peritonitis operated upon received this treatment under the mistaken diagnosis of ovarian cyst. I will add that I believe that fully another third of them are operated upon under mistaken diagnosis of ordinary pyosalpinx. Perhaps, then two-thirds of the cases in women receive correct diagnosis only after opening the abdomen for some other disease. A considerable proportion die as a result of a complete failure to make a correct diagnosis."

The following article written by Dr. J. W. Kennedy, was published in the New York Medical Journal, November 23, 1907. It states in part: "We had in the hospital at one time ten patients, on whom twenty-seven sections had been done, all pitiable examples of errors in diagnosis, incomplete surgical procedures, and frenzied surgical judgment from anatomical, physiological and pathological standpoint.

“During the last six months nearly fifty per cent. of our work consisted of re-operations. Multiple scars marred the abdomen and were reproachful neglects of the untrained surgical mind. The sins of the operator had been visited upon the patient to the third, fourth and fifth scar. The patient had been made a chronic invalid and often an unwilling victim of some drug habit.”

Charles Edward Russell, in a lecture delivered before the American Medical Liberty League, Chicago, October 30, 1922 and printed in the Truth-Teller, December 7, 1922, tells of an experiment he made several years ago. Mr. Russell said: “When I was Sunday Editor of the New York Herald, I sent a reporter around to thirty of the most eminent physicians in the City of New York with the instructions that the reporter was to mention the same symptoms of an ordinary, common, everyday complaint, and have each doctor write a prescription. The reporter brought back thirty prescriptions and when we spread them out on the table, no two were the same or would go together. And, a little later I sent a reporter around to thirty other physicians and asked them what they thought of a person who would prescribe these remedies for this disease, and they said they thought he was crazy.”

These unimpeachable witnesses conclusively prove that medical practice is not a science; that even the leaders of the profession have no reliable method of diagnosing disease and less reliable methods of treatment.

That these confessions are not overdrawn or misinterpreted may be proven by any sufferer who will consult three or more physicians independently. Were medical practice scientific, all would agree, just as all chemists will agree on the analysis of a substance submitted for examination.

But the three physicians will not agree. If the patient obtains from each a written diagnosis and a written description of the proposed treatment he will find usually at least two and often three diagnoses and two or three different methods of treatment, differing widely in conception and prescription.

Instead of receiving scientific treatment, made universal for his peculiar ailment by results always invariable, the patient risks his health and life on the guess of the physician as to the nature of his malady and on a remedy which tomorrow may be proven positively harmful.

CHAPTER III.

THE FALLACY OF THE GERM THEORY OF DISEASE

"If I could live my life over again I would devote it to proving that germs seek natural habitat—diseased tissue—rather than being the cause of the diseased tissue; e. g., mosquitoes seek the stagnant water, but do not cause the pool to become stagnant."—Rudolf Virchow, father of the germ theory.

The germ theory at first taught that every specific disease was due to some specific germ. Kill the germ; cure the disease. Now, bacteriologists admit that there are many cases of infectious diseases where no germ can be found, and in other cases where the germs are present, no disease can be found. They have gotten out of this difficulty by saying: "Bacteriologists have come to recognize that not the presence of the germ, but some virulent condition of it causes the disease."

In his "Rational Treatment of Disease," fifteenth edition, pages 4-5, the well known Charles Marchand, of New York City says: "It is, perhaps, to be deplored that all later investigations seem to have thrown some doubt on the value of positive testimony in

bacteriology. Most physicians had come to accept the conclusions that, if after making a proper culture, the germs were found, this fact alone, was positive proof of the presence of the disease, but on the other hand, so much reliance could not be placed upon negative evidence, for sometimes the disease existed when no germs could be found."

Let us first consider what a germ is. Any cell that has the power of reproduction may be called a germ, because it can germinate, grow and develop new life.

A cell may be compared to a seed. It grows, divides and multiplies in favorable surroundings. "A cell is the smallest element of an organized body capable of independent motion." It is the primary element or unit that germinates into a thing or being. According to the present teaching, a germ is a vegetable cell, while an animal cell is not a germ. Yet a living animal cell is in reality just as much a germ as a vegetable cell.

The cells making up the human body vary from one one-hundred-and twenty-fifth to one five-thousandth of an inch in diameter. They aid in making the necessary change in matter before its absorption into the living organisms, and they constitute the organisms after they are formed.

All the different scenes in nature are caused by these germ cells, which are constantly undergoing transformation from one thing or being to another. All the changes in organic matter are made through the medium of these little germ cells; other changes are produced by chemicals, but with these we are little concerned, except for mechanical purposes.

The soil is the great medium of exchange through which minerals or chemicals pass into organic structures; first, supplying the various plant foods, and from them to the animal. The changes produced by chemicals, like those produced by germ cells, are a process of fermentation.

In order that the process of fermentation may be better understood, it may be stated that fermentation is the breaking up or separating the parts or elements of a substance, and the formation of new ones. These changes are taking place constantly both in animal and vegetable life. Even the rock, in time, crumbles to dust.

“Throughout all nature there is a ceaseless change. The water we drink and the food we eat have been used thousands of times before, and will again pass on in their endless round to develop other forms of new life. We are but parts of a great system, and the elements

we use are not our own, for in nature all is common."

The tissue change going on in the human body, repair and waste, is a process of fermentation, and is carried on through the assistance of the little germ cells of which the body is formed.

When cells and tissues in the body die from lack of nourishment, as in disease, germ cells that are in the air and which inhabit the human system, act as a ferment, and by their power to produce change, they convert such dead tissue into gases and pus, that it may be eliminated and the system relieved. This is a wise provision and a natural law, but the bacteriologists claim that these germs are the cause of nearly all disease and death. They do not seem to know that disease is caused by the accumulation of poison in the system, bringing about a cell and tissue degeneration.

This poison may result from indigestion, poor elimination, administration of drugs, or it may have been injected into the blood in the form of vaccine virus or serums.

There are no poisons known to bacteriology that are more deadly than the natural poisonous waste of the human body. If a healthy person were compelled to breathe the poisonous carbonic acid given off from his own lungs, death would result almost immediately. Urea

eliminated by the kidneys, if retained, would cause death in a short time. Yet the bacteriologists and health boards would have us believe that the greatest danger to health is to be found in the germs which make elimination of these poisons possible.

These poisons and changes are but the results or effects of natural law. The carbonic acid exhaled by the lungs is taken up by the vegetable kingdom, and the oxygen given off by the vegetable kingdom is inhaled by the lungs. In each case, the change is brought about by the little germ cells of which the structures are formed. And while these changes are taking place in living matter, other germs are producing changes in dead matter, so that elements of dead tissue may be given back to support the living.

Nature foresaw and prepared to meet these changes, hence the power of the human system to eliminate its poisons. If all germ life should be destroyed, all the higher forms of life would cease to exist, and all animal and vegetable life would perish.

Germs are the primary forms of all living matter. Earth, air and water are filled with them. So is the human body in disease, when there is always more or less degeneration or destruction of tissue. Germs aid in eliminating

this dead matter from the system by their power to produce fermentation.

According to the law of evolution, any variety of organic matter so situated as to develop special organs will outlive other varieties. "In union there is strength." This is Charles Darwin's, "Natural Selection," and Herbert Spencer's "Survival of the Fittest."

Germs cannot affect healthy tissue, but they can and do affect tissue that has been destroyed by disease. If such tissue were allowed to remain in the system it would act as an irritant, like any other foreign matter. Germs break up and liquefy the elements of dead tissue. This is nature's plan to aid in elimination.

The thought that germs cannot overcome human tissue and produce disease needs no argument. Their power to resist antiseptics, to resist extremes of heat and cold prove them the medium through which all organic progress has been made. If germs could overcome human tissue, the human race would soon be extinct.

It is the belief of many that bacteriology is a powerful aid in preventing as well as curing disease. Let us inquire what the germ specialists have done for diseased humanity. Have they assisted in fighting disease? Have they

overcome the germ? Is disease less malignant?

For some fifty years bacteriologists have been raising germs in little glass tubes, and after they had them well started, they deluged them with corrosive sublimate solution, carbolic acid solution and all other known disinfectants, in order to discover methods of extermination. They froze them and dried them. And in support of these experimentations the country has spent millions of dollars.

What success have they had?

The records show that there are just as many sick people in proportion to the population now as fifty years ago. Health board records show that deaths from certain diseases are becoming a little less, while in others they are increasing at an alarming rate.

It is true that epidemics that swept away large percentages of the population in earlier years are practically exterminated, but not by the bacteriologists as is claimed by them and by the health boards. It is due to the fact that there are more sewers in the cities, less filth in the alleys and more attention paid to ventilation. Swamps, lowlands and frog ponds have been cleared up, and an air of cleanliness pervades in many localities that in former years were dumping grounds of all kinds of filth. In a word, the credit for this improve-

ment belongs to the advance in the science of sanitation.

William F. Waugh, A.M., M.D., a well known medical author, says in his "Treatment of the Sick", page 331: "During my service as medical inspector of the Philadelphia Board of Health, I had an opportunity of noticing the environment of many cases of infectious diseases, and in every case the severity depended on the hygienic conditions. Offensive cess pools leaking into cellars, filth in yard, alley, gutter or street were the very obvious causes of malignancy. In every case of infectious disease the severity depended upon the hygienic conditions."

Every bacteriologist knows that the human saliva or secretions of the mouth offer an excellent, if not the best, field for the growth and development of all kinds of germs. The moisture, food, salts and warmth are adapted to their growth, and as a result every germ known to bacteriology may be and is found in the human mouth. The so-called germs of pneumonia, consumption, typhoid fever and other diseases may be present in varying numbers.

Bacteriologists cannot produce the slightest proof that germs cause disease in man. Even Green's Pathology, while it supports bacteriology, seems a little in doubt as to

germs causing disease. It says, page 272: "Germs are believed to produce the infective diseases." And on page 358 this same author states: "Fatty changes, caseation, etc., are probably due to germs."

The definition of infectious disease, as taught by several leading medical schools is as follows: "An infectious disease is one in which a pathogenic germ enters the body, grows, multiplies and produces poisons that directly cause disease, hence no disease is infectious that is not a germ disease. Therefore, every infectious disease points directly to a germ, whether a germ has been found or not." This is only theory, the only support of the bacteriologists in their teaching that germs cause disease.

Many bacteriologists claim that malignant disease is caused by mixed infection; instead of one germ there being several varieties present in the system. Yet we should remember that dead and dying tissue always contains a variety of germs.

When an animal dies out in the field a great variety of germ life immediately occupies the dead body. So it is when disease destroys tissue in the human system. Then the bacteriologist may find more than one kind of germ, sometimes finding a greater and sometimes a lesser variety.

In certain diseases one kind of a germ is prevalent, and in another disease another variety will be found to prevail. And so bacteriologists tell us that different diseases are caused by different germs.

Different germs are found in different diseases because of the variety of nourishment provided. This nourishment may be the accumulation in the system of waste matter, and may include tissue destroyed by disease.

Different cells select different food elements because of their several duties, hence their selective power. It is likewise necessary that germs, which are in reality cells, select different food elements because of their several functions. Some germs find such elements in diseased liver or brain tissue, as in a liver abscess or in brain disease; some in dead or dying lung tissue as in grippe, pneumonia or consumption; and some in a diseased digestive tract, as in typhoid fever. In each case the presence of the germ corresponds to a universal law; and as already stated, the action of the germ separates the elements of the tissue destroyed by the disease and thus aids in their elimination.

The blood contains many small bodies or particles of matter called corpuscles. These corpuscles, which are carried along with the blood-stream, are of two principal varieties,

red and white. The red possess great power to absorb oxygen, and in their passage through the lungs they absorb oxygen from the air we breathe, and through the circulation carry it to different parts of the body. The oxygen aids in the changes that are constantly going on in the system; aids that form of digestion carried on in the circulation. It gives life, force and energy to the body. These cells or corpuscles give to the blood its bright red color.

Bacteriologists tell us that white corpuscles act as a body guard; that they are a standing army to meet invasion from without, and that when the germs attack the system these white corpuscles are greatly increased in numbers, the system furnishing them on demand. Then there is a great battle, and if the corpuscles win there is no disease; but if they are defeated, disease follows, the germs dying largely from the effects of their own poisons. This is known as Metschnikoff's theory.

Unless this theory proves out in all cases, it cannot be true in any. And it is not true in all, for there is no increase in the white corpuscles in typhoid fever, consumption, in many cases of diphtheria and in many other diseases.

In the disease leukemia there is an enormous increase in the white corpuscles and yet this

disease is not claimed by bacteriologists themselves to be caused by germs. Here we find the condition exactly contrary to Dr. Metschnikoff's theory.

The following is an explanation for an occasional increase in white corpuscles. The white corpuscles increase at certain times because the nerves which supply the glands or tissues producing them are stimulated; such stimulation being the result of certain irritating substances or poisons in the system. Some kinds of poisons stimulate this system of nerves and some do not. Poisons in medicines act in like manner. For instance; digitalis stimulates the nerves that control the size of the blood vessels, and the vessels contract. Belladonna paralyzes these nerves and the vessels dilate. Strychnine stimulates the nerves which supply the muscles, and if a large dose is given, some muscles may escape the control of the individual. Opium paralyzes these same nerves and the body is completely relaxed.

The poisonous matter in the system which causes typhoid fever does not stimulate the nerves supplying the glands or tissues which produce the white corpuscles, hence there is no increase. When nerves are stimulated by other self-generated or administered poisons, there is an increase. This accounts for the

disease leukemia, already mentioned, in which there is an enormous increase in white corpuscles.

Bacteriologists claim that in case of accident the system sends large numbers of white corpuscles to the point of injury for the purpose of protecting the part against germ invasion.

When injury produces swelling and inflammation it also paralyzes the nerves that control the size of the small blood vessels, and the vessels dilate. In proportion to this enlargement the circulation is lessened.

Instead of white corpuscles being sent to the point of injury as claimed by bacteriologists, they collect there by reason of a sluggish circulation. To prove this we only have to remember that during health they are more numerous in the veins than in the arteries. The circulation is naturally more sluggish in the veins because the veins are larger. Therefore, their increase at the point of injury is only mechanical.

Is it true that white corpuscles escape from the arteries into the surrounding tissue and destroy germs as claimed by Dr. Metschnikoff and his followers?

When, as described, poison or injury causes the vessels to dilate with a corresponding slowing of the current, the white corpuscles,

being much larger than the red ones, naturally drift to one side. The heavier timbers are always found along the shore of a stream. So it is with the white corpuscles; being much larger than the red ones, they collect along the sides of the vessels, and as the vessels dilate, the walls become thinner and many white corpuscles pass through. The more the vessels are stretched, the easier the white corpuscles can escape.

Every abscess contains pus made up largely of white corpuscles. They accumulate at the point of inflammation in the manner described, die and are converted into pus, proving conclusively that their action is only mechanical.

Bacteriologists do not claim that red corpuscles are germ destroyers, or that they pass out of the vessels and invade the surrounding tissue; yet, when the arteries dilate sufficiently and the circulation has slowed down to a certain rate, the red corpuscles do pass through, showing that the change is mechanical. They would have passed through before had they not been so small and light that they kept in the middle of the stream. It is these red corpuscles that cause a swollen and inflamed part to become red.

Bacteriology's claim that the white corpuscles have the power to go through the system at will, seeking out and destroying invading

germs, is an absurdity. The white corpuscles are a soft protoplasmic mass and have the same power of motion that the white of an egg has when placed in the hand and allowed to slip through the fingers. In this way they pass through the arteries and other tissues.

Germes, which are many times smaller than white corpuscles, enter the substance of the white cells by absorption, just as particles in the water are absorbed by a sponge.

Bacteriologists have taught us nothing of the cause or cure of disease, but they have caused considerable disease and suffering by their serums, which transgress the first law of health, that of keeping the blood-stream pure.

In 1882, Dr. Robert Koch discovered a germ which he claimed was the cause of consumption, and some years later he claimed to discover a remedy for this disease, which he called "tuberculin." It is admitted upon all sides that Dr. Koch never cured a single case of consumption with his tuberculin, but it is claimed that he charged \$25.00 for each hypodermic injection, and that he made a fortune out of it.

We have heard much of Professor Pasteur and his treatment of hydrophobia, yet he has probably never cured a case of this disease.

In some cases, however, his treatment has been proven quite conclusively to have brought on the disease.

The following is quoted from an article on "Rabies and Hydrophobia", by James Howard Thornton, C.B., M.B., B.A., Fellow of King's College, London: Deputy Surgeon General Indian Medical Service:

"Rabies, in reality, is a very rare disease. The popular belief to the contrary arises from the fact that various other maladies common in dogs are mistaken for rabies. It has been ascertained that only a very small proportion of the bites of rabid dogs convey the infection, hence the likelihood of a dog bite causing hydrophobia is extremely small. This was very plainly shown by the experience of the police in London during the prevalence of the Muzzling Order. In carrying out the duties of capturing stray dogs, the police received hundreds of bites, but in no single instance did any of these bites cause hydrophobia, though doubtless many of them were inflicted by rabid animals.

"The experience of the attendants at the Battersea Dogs' Home is even more striking. That institution has been thirty years in existence. The bites inflicted on the attendants during that time amounted to many thousands,

some of which must have been from rabid dogs. Nevertheless, there has never been a case of hydrophobia among the attendants.

"About 1880, M. Pasteur commenced his researches in Hydrophobia, and in the course of a few years he announced that he had devised a system of inoculation by means of which the disease could be prevented in persons bitten by rabid animals, provided they applied for the treatment before hydrophobia set in . . .

"M. Pasteur varied his treatment several times, using subcutaneous injections of different strengths, the strongest being employed in what he called the intensive method. So many deaths, however, occurred from this intensive treatment that it was quickly given up.

"Evidently M. Pasteur was not at all sure about his system. At first he declared positively that his method would protect all patients at any time before hydrophobia set in, but subsequently he introduced many corrections and limitations, for which no scientific reason could be assigned.

"For instance, he did not profess to protect unless the patient came to him within a fortnight of being bitten. He did not reckon deaths which occurred during the treatment, or within a fortnight after the treatment. He kept no record of the patients after the treat-

ment was ended, and took no account of deaths occurring subsequently. He admitted that his inoculations produced only temporary effect, and that re-inoculation was necessary after a time. He did not hesitate to claim as successful cases, any number of people that were in no danger of contracting the disease . . .

“The Pasteurian antirabic has been condemned by some very distinguished men, after prolonged and careful investigation. The late Professor Peter of Paris, pronounced it to be altogether empirical and devoid of scientific basis, and he delivered a crushing indictment of it before the Paris Academy of Medicine, in which he pointed out that several of Pasteur’s patients had died of a form of hydrophobia almost unknown hitherto in the human subject, but very closely resembling the disease produced by Pasteur in his laboratory rabbits. In short, they had died not from a dog’s bite, but from the virus injected into their bodies by M. Pasteur’s hypodermic syringe. In support of this terrible charge, Professor Peter produced a mass of incontrovertible evidence which Pasteur’s supporters have never attempted seriously to question.

“Professor Colin of the French Veterinary School at Alfort, criticised the Pasteurian statistics, pointing out that the certificates produced by the patients were worth nothing,

having been drawn up by incompetent people, and that the post mortem examinations of the dogs were equally valueless, as they afforded no certain evidence of rabies. He considered that the only way of arriving at a conclusion is by the prolonged observation of the animal, which should be shut up and kept until the characteristic symptoms of rabies declare themselves.

“Professor Billroth declared the Pasteurian system of treatment to be a fiasco, and Professor Van Frisch, of Vienna, made the following statement in his exhaustive report upon Pasteur’s treatment: ‘Rabbits and dogs which, without preceding infection, were subjected to the last mentioned strengthened inoculation for human beings, were infected with rabies through that inoculation. Hence it may be inferred with great probability that this method of inoculation may likewise be seriously dangerous to man.’

“Dr. Lutand, of Paris, condemned the Pasteurian antirabic treatment as not only ineffectual, but also dangerous and cited the case of the postman, Rascol, in proof of this assertion. Rascol and another man were attacked by a dog suspected of being rabid. In Rascol’s case the dog’s teeth did not penetrate the skin, but the other man was severely bitten. Neither of them wished to go to the Pasteur Institute,

but Rascol was compelled by the French postal authorities to do so. He remained there under treatment from the 9th to the 14th of March, and on the 26th he resumed his duties. On April 12th severe symptoms set in, with pain at the points of the inoculation, not at the bite, for he had not been bitten. On the 14th of April he died of paralytic hydrophobia, which evidently must have been caused by the Pasteurian inoculations. The other man who refused to submit to this antirabic treatment remained well, though he had been severely bitten by the suspected dog. This is a crucial case and comment is not necessary."

The following is strong evidence that a specific poison and not a germ causes disease: "Take a hog or a number of them and inject into them the so-called cholera germ. There will be no results and they will never miss a feed. Now take some virus from a cholera stricken hog, kill all the organisms with carbolic acid, inject the virus into another hog, and it will contract the true disease, hog cholera. Now make a culture from one of the diseased hogs, and the germ will be found in it, showing that while germs cannot produce disease, they inhabit the body after the disease is established."

"Maggots do not cause wood to rot. Their presence only indicates that such material

furnishes nourishment upon which they can develop. Germs do not cause disease. Their presence only indicates that tissue destroyed by disease furnishes nourishment on which they can develop. Germs are scavengers feeding upon and destroying dead tissue, just as maggots feed upon and destroy rotten wood."

A carpenter strikes his finger with a hammer. The finger swells, and later some of the cells or tissue destroyed by the blow, liquefy and are discharged as pus. Millions of germs could be found in this pus, yet it was the blow from the hammer and not the germs that caused the abscess.

If we consider the presence of germs only as the result of disease how simple the explanation becomes; how easy to account for their presence. Those who understand the nature of disease, realize that the danger is not from the germs present, but from the virulent poisons in the form of purulent matter and foul gases resulting from the tissue destroyed by the disease.

Germs aid in eliminating these poisons from the system, so that instead of causing disease and suffering they help to eradicate it. They are the fundamental elements of life and health, and should, therefore, be regarded, not as our enemies, but as our friends.

It must not be understood that the entire

medical profession upholds the germ theory. While it is still largely accepted by the profession and the laity, there are many doctors prepared to offer a large array of facts in proof of its fallacy, and that germs aid in preserving human life and keeping it free from disease.

In his article, "Bacteriophobia and Medical Fads," published in the *Daily Cataract Journal*, July 22, 1905, Dr. J. W. Hodge calls attention to the fact that the medical profession is not unanimous in accepting the germ theory. He also is of the opinion that germs are enemies of disease and aid us in being rid of it. Dr. Hodge states: "There is a popular belief among the misinformed that the medical profession is unanimous in its acceptance of the germ theory of disease, that is, the theory that all infectious diseases are due to the entrance of living micro-organisms into the bodies of those affected. This impression is grossly erroneous. Many of the most advanced thinkers in the medical profession, both in this country and abroad, are frank in the expression of their convictions that the germ theory has no scientific basis upon which to rest its claims. It is a mere fantasy of microscopists who know little or nothing of the real nature of disease. Moreover, many investigators who were at one time identified with the germ theory, are now on record as having abandoned it as un-

tenable. For instance, at the 13th Triennial Session of the International Medical Congress held in Paris in 1903, Dr. Rudolph Virchow, who is conceded to be the world's leading authority on this subject, frankly said, 'Microbes are not always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease.' This statement coming from one who was formerly a leading advocate of the germ theory, is significant indeed. . . .

"When Robert Koch, announced his germ theory he added a new and heavy burden to the many with which suffering humanity was already afflicted. A few decades ago the world was in blissful ignorance of microbes. Now, the microbe is here, there and everywhere, in all that we eat, drink and wear; in the air we breath, in the smoke and dust, in the garbage, on the tools we use and in the ground we tread, making of life an apprehensive possibility and a galling suspicion. By the announcement of the discovery of the disease germ, a new source of anxiety was added to human existence, and this anxiety is all the more burdensome because the object of it is unseen and one cannot tell at what instant he may be exposing himself to its insidious attacks. The theory of the bacterial origin of

disease has become a source of terror to the non-medical world. Thousands of timid and weak minded people make themselves miserable by a constant dread lest they be surreptitiously attacked by these omnipresent but invisible enemies; not daring to drink a glass of water or a cup of milk unless it has been boiled or sterilized in a way to destroy the dreaded foe. . . .

“Again, it is a well known fact that all mucous orifices of the body, even of healthy persons, swarm with pathogenic bacteria of many descriptions, some of them being of the supposed most virulent character. But, someone asks; ‘Do you deny the existence of germs?’ I answer, ‘No’. The germ is a fact, a fact of great interest to the biologist, but of little importance to the pathologist. Germs are a physiological fact, but the attempt to consign them to the domain of pathology is a libel on these tiny, harmless creatures which swarm in all vital air, in all sparkling drinking water, in all wholesome food and in every healthy tissue of our bodies. Again, someone asks; ‘Do we not find germs in diseased as well as healthy tissues?’ I answer, ‘Yes’. They are there as scavengers, as friends to the patient and foes to the disease. To charge them with having caused the disease would be as unfair to them as it would be unjust to charge

the street scavenger with having produced the filth which he is engaged in removing. . . .”

J. H. Tilden, M. D., in “Philosophy of Health,” states: “The best works on bacteriology declare that all germs of a supposedly specific character are often found in people who have not had the disease which they,—the germs,—are supposed to create. Why? Is it not more reasonable to assume that their pathological activity waits for a favorable habitat for their toxic transformation and rapid propagation; in other words, that they do not evolve specificity until needed as scavengers? If this is not true, why do they subside and lose their specificity as soon as the pathological habitat is broken up?”

Even in 1907, before the insane terror of germs had gained its present day hold on the public, Dr. Park L. Myers, in an article entitled “Where We Skid,” published in the *Ohio State Medical Journal*, February 15, of that year, warns his profession to “veer a little. . . before the great lay mind grasps the fact that they have been frightened into panicky laws and restrictions over will-o’-wisp possibilities and not probabilities and actualities.”

Dr. Myers writes as follows: “There is another department in which I fear we are suffering a skid in our auto of medical progress.

“We have become exhilarated and enthused

in our chase of him or it. We have described in lurid, John Smith—Sixteenth century terms the deadly characteristics, the omnipresence, the elusiveness, the omnivorousness, until we have worked ourselves into an oratorical frenzy and our public into a veritable ‘bacteriophobia’.

“In our pursuit of the bacteria, his habitat, his cultural growth, his loves of reds and blues and his pathologies—we have rushed across the boulevards of scientific truthful good, and are mighty close on to the opposite curb.

“Should we not veer a little?

“Had we not better hedge a little, before the great lay mind grasps the fact that they were frightened into panicky laws and restrictions over will-o’-wisp possibilities, and not probabilities and actualities?

“Thus, I believe that the effect of worry and exhaustion on the rabbit and of cold on the chicken (as told in all classical texts on bacteria), prove beyond all cavil the co-importance, the superior importance of tissue reaction over powers of infection. . . .

“With all the wonderful strides of our science in one hundred years, we still have the public as abjectly cowed today, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past

century.”

Dr. Myers did not realize the extent of the public's gullibility which has led it to be even more “cowed” before the germ-terrorist to-day than was the case fifteen years ago.

Today, the doctors and health boards have devised every possible means of keeping the germ terror constantly before us. One can scarcely pick up a popular magazine without being confronted by some startling article of warning against these harmless little creatures. “Public Health” lectures are given throughout the country describing their menace. They are ever before us, in pictures, charts and moving-picture films. These films are even shown to school children to instill in their young minds the fear of germs. With all this propaganda constantly at work, is it any wonder we have come to a state of frenzy that may well be termed “bacteriophobia”?

While the fear incited through such methods of propaganda is in itself a factor in lowering the powers of resistance to disease, the most malignant harm emanating from the germ theory comes from the present day use of serums and antitoxins, which are poisoning the blood and thereby undermining the health of our present and coming generations.

CHAPTER IV.

TUBERCULOSIS AND CONSUMPTION NOT CONTAGIOUS DISEASES

In consumption, as in other diseases, the bacteriologists deal only with theory. For years, they have been raising, examining and experimenting with what they are pleased to call the consumptive germ. These experiments are usually made upon rabbits, guinea pigs or Algerian rats.

Tuberculosis and consumption, like all other diseases are caused by an excess cell and tissue degeneration. These conditions are not caused by germs. Their very nature makes it impossible. The fact that they are of slow growth, requiring months and sometimes years to develop, is sufficient to oppose all thought of contagion.

Germs, as stated before, are only scavengers, feeding upon septic matter. They are present in dead and dying tissue to aid in liquefying it so that it may be eliminated from the system.

While germs destroy dead tissue in the lungs, they take no part in producing the long train of conditions that bring on the disease, and which may take several years to develop.

The following authoritative evidence repudiating the contagion theory of tuberculosis and consumption is quoted from Dr. Thomas J. Mays' book on consumption: Dr. Mays says:

"Physicians who are constantly exposed to consumption are no more subject to this disease than are others who scarcely come in contact with it except by chance. The statistics of the Brompton Hospital for Consumption, in London, show that during a period of thirty-six years not a single clearly authenticated case of consumption arose within its walls among its twenty-nine physicians, its one hundred and fifty clinical assistants and its one hundred and one nurses, of which there existed a health record.

"The statistics of the Friedrichshain Hospital, in Berlin, as furnished by Dr. Furbinger, demonstrate that during a period of sixteen years out of 459 male nurses there were 4 (2 of whom were tuberculous before entering); of 339 female nurses, there were 2; of 83 physicians, there were 3 (1 of whom entered with the disease), who became consumptive. Of 108 Victoria sisters, who were engaged as nurses in the same institution from two to five and a half years, only one became consumptive.

"These figures are strikingly confirmed by those from the private sanitarium for consumption, in Gorbersdorf, Germany. Dr. Brehmer, who had been in charge of this large institution for twenty years, states that since the year 1854, more than 10,000 consumptives resided in the hospital, who daily walked the streets of the town and commingled with its inhabitants. The latter were, therefore, continually respiring an atmosphere which was more or less impregnated with tubercle bacilli emanating from the dried expectoration of these consumptive visitors, yet, in spite of these favorable conditions for contagion, it appears that the mortality for this disease is 50 per cent less among the Gorbersdorf population since, than it was before the establishment of the hospital.

"Dr. Haupt, of Sodon, a resort for consumptives in the south of Germany, states that among the inhabitants of this town there are 101 individuals who let lodgings to consumptive visitors during the summer months. The patients are nursed and cared for chiefly by members of the families, the work of making the patients' beds, cleaning their rooms, removing the expectoration, etc., being performed by the female servants. During the winter months the rooms are re-occupied by the members of the landlords' families. From

1855 to 1888, a period of thirty-three years, 10 of the 238 members of the local families died of consumption, and 5 of the 415 servant girls died of the same disease, but in none of these instances, so far as could be ascertained, was the malady traceable to contagion . . .

“Dr. P. Langerhans, who practiced medicine for nine years in Madeira, an island which is visited every winter season by about 400 consumptives, observes that these invalids are lodged, boarded and in a great part nursed by English colonists, varying from 210 to 250 in number, who live in about 100 houses.

“The rooms, which are occupied by consumptives in the winter, are reoccupied during the summer by the colonists’ families, thus insuring the closest intermingling of the well with the sick. The health records of this island, which have been accurately kept since 1836, show that only 4 of the English colonists died from consumption during this time, and that one of these suffered from the disease before he came to the island.

“This testimony, which relates to the contagion of this disease between husband and wife, is of a similar negative character. Dr. Schnyder, of Switzerland, gives a record of 844 cases of consumption occurring among the married people. In 445 of these, the husband only, and in 367 the wife only, was consump-

tive, while in 32 cases both husband and wife were affected, showing that in 812 of these cases there was no proof of contagion.

“Out of 1,000 phthisical patients, Cotton met with 11, 7 men and 4 women, who had previously lost a husband or a wife from this disease.

“Reginald Thompson, out of 15,000 consumptives, records 15 cases in which wives had apparently been infected from their husbands.

“Dr. Austin Flint contributes the history of 670 cases of consumption affecting husbands and wives, and among these there were only five in which suspicion existed that the disease might have been contracted from one or the other; but it is certain, he says, that the instances in which transmissibility may be suspected can also be accounted for as coincidences in a disease which is so wide-spread as consumption.

“In this connection, it is of interest to know the conclusions which those have reached on the question of contagion who have made phthisis a life-long study, who have written special treatises on this disease, and who are, therefore, entitled to an authoritative opinion on this subject.

“Laennec, in his illustrious work, says: ‘We frequently observe, among the poorer classes, a large family sleeping in the same apartment

with a consumptive patient, and a husband occupying to the last the same bed with his wife without any communication of the disease. The woollen apparel and the beds of the consumptive subjects, which it is the custom to burn in some countries, are not even generally washed, much less destroyed in France, and yet I have never seen the disease communicated by them.'

"Portal says that he was brought up in the contagious belief, but abandoned it. Ancell believes that, 'the doctrine of contagion has at all times been based on very vague and insufficient evidence, such as isolated cases of the occurrence of the disease in individuals who had previously been in constant attendance upon the sick, or in husbands and wives, where both had slept in the same bed until the fatal termination of the disease in the one first affected. In appealing to these facts as evidence of contagion no account is taken of the anti-hygienic influences to which the individuals had been subjected, or the probability of a common or independent source of hereditary transmission or of the predisposition or the actual disease acquired previously. Against the few facts which tend to support the doctrine of contagion there are tens of thousands against it.'

“Dr. Aufrecht, after referring somewhat extensively to the contagion theory, says: ‘And less justifiable are the reckless conclusions drawn by Koch concerning the etiological indication of the tubercle bacillus.’

“Dr. Dettweiler writes of the freedom from phthisis of those who are engaged in the care of the phthisical in hospitals, and then says: ‘My own fourteen years’ experience in hospitals for consumption is in perfect accord with this.’ ”

In an article published in the New York Medical Journal for September 26, 1914, Dr. Mays shows the failure of anti-tuberculosis campaigns, founded on the basis of treating consumptives as the subjects of contagious disease. The article reads: “In America, this movement started in the early nineties and swept over the country like a tidal wave. Being thus fairly launched, and in order to make itself at least more conventional, it adopted the tactics of the Grand Duke of Tuscany, when he consulted the Florence School of Medicine concerning this same question in 1754; and sought official recognition from the College of Physicians of Philadelphia, the oldest, most renowned, and most celebrated medical institution in America. The college, like its predecessor, the Florence school, rejected the proposal and instead passed the following

resolution: 'The College of Physicians of Philadelphia believes that the attempt to register consumptives and to treat them as the subjects of contagious disease would be adding hardship to the lives of these unfortunates, stamping them as outcasts of society. In view of the chronic character of the malady, it could not lead to any measures of value not otherwise obtainable.' "

Despite the fact that millions of dollars are spent annually by the United States in the examination and treatment of tuberculosis patients, the rate of decrease in the disease is little more than was already showing itself before the organized campaign against tuberculosis.

This is shown in an article entitled "The Need of a Broader Program in the Campaign Against Tuberculosis," by George Thomas Palmer, of Springfield, Illinois, published in the *American Review of Tuberculosis*, issued by the National Tuberculosis Association, July, 1919, in which he says: "The optimistic answer, so commonly employed by popular health educators and propagandists, to the effect that the mortality from tuberculosis has been decreased 25 per cent during the past fifteen years, during which the organized warfare against the disease has been in operation,

is not so satisfying or convincing as it appears . . .

"The first tuberculosis society created in the United States was that established in 1892 in Philadelphia. This may be taken as the beginning of the organized campaign in the nation. During the succeeding twenty years, or up until 1911, the death rate per 10,000 of the population in American cities decreased from 23.8 to 16.6 per cent, or a decrease of 30.25 per cent.

"But unfortunately for the enthusiasts who argue only from statistics, during the preceding twenty years, from 1872 to 1891, and entirely prior to the first adoption of an American tuberculosis program, the rate per 10,000 of population had fallen from 33.9 to 24.5 per cent, or a decrease of 27.47 per cent. In other words, the rate of decrease during the first twenty years of anti-tuberculosis propaganda, over the preceding twenty years, was something less than 3 per cent."

It is a well known fact that the death rate from tuberculosis had been falling in a uniform manner from a time before Koch's discovery of the tubercle bacillus.

The influenza epidemics have had considerable influence in reducing recent tuberculosis mortality, since many who would have died of tuberculosis within a year or two, died of

influenza, without any record of the other disease.

In the American Journal of Clinical Medicine, for December, 1922, Dr. Beverly Robinson, of New York City has an interesting article on his experiences with tuberculosis cases. Dr. Robinson says: "I have yet to see cases of transmission of tuberculosis. I doubt that it occurs. I had several assistants at the New York Hospital, in the outdoor department, where I served thirteen years, and in a small, dark room, never disinfected or properly cleansed, where we took care of many tuberculosis cases in all stages. Neither I nor any of my assistants ever acquired tuberculosis, and some who had it got well in the city surroundings, in crowded, unsanitary rooms . . .

"In a fair proportion of cases it (tuberculosis) is self-limited, as shown by the late Dr. Austin Flint and others; in a greater proportion it goes on rapidly or slowly, to a final termination; this in spite of all changes of treatment and climate, and in spite, alas, of all that modern science can do for the poor sufferers . . ."

Dr. Maurice Fishberg, an eminent New York physician, clinical professor of medicine at Bellevue Hospital and Medical College, says: "An adult almost never contracts it (tuberculosis) from another individual. This is true even of

husband and wife who sleep in the same bed. One may have it for years without the consort becoming infected. The safety of adults from tubercular infection is shown by the fact that the hospital staffs in institutions harboring tuberculosis patients do not suffer from tuberculosis more than others. Even laryngologists, who are often coughed at while examining patients, are safe, as has been proved by carefully collected statistics."

In his textbook on tuberculosis, Dr. Fishberg states that it is difficult to find a person who has not had tuberculosis, as shown by autopsies. At least 95 per cent of us have had tuberculosis at some time, but got over it without even knowing that we had it.

CHAPTER V.

THE CAUSE OF HUMAN DISEASE

The beginning of all human disease is cell and tissue degeneration.

Barring accident, injury and inherited tendency, the causes of cell and tissue degeneration are:

First: self-infection, which comes from indigestion, improper elimination and their long train of degenerative effects.

Second: the administration of poisons into the body from without in the form of drugs, vaccines and serums.

Third: X-ray and radium treatment.

All self-infectious diseases are a result of the following:

First: indigestion from any cause.

Second: poor elimination.

Third: the retained waste acting as a poison and an irritant to the nervous system, resulting in some form of inflammation.

Fourth: unhealthy blood.

Fifth: a lack of nourishment which must result.

Sixth: cell and tissue degeneration with corresponding loss of organic function.

Seventh: contracting and hardening of the newly formed tissue, producing degenerative changes in one or more organs of the body.

In full health, the functions of digestion are performed automatically and without the consciousness of the individual. An interruption may come from wrong eating, insufficient or ill-adapted food, mental or physical over-strain or any other over-exertion of the nervous system.

The irritation resulting from indigestion paralyzes more or less the delicate nerves supplying the blood vessels. They lose control. The mucous membrane lining the stomach is thickened and swollen. The digestive fluid becomes changed in quality, lacks the power of digestion, and the secretions become thick and tenacious.

In nearly all cases of fatal, chronic diseases of the heart, brain, lungs, kidneys, etc., a careful examination of the mucous membrane of the digestive tract will show numerous traces of disease, inflammatory thickening and ulceration. In many instances the mucous membrane of the stomach is found detached, leaving the inner surface of the organ raw and granular.

Natural elimination relieves congestion and inflammation, causes free circulation, flushes the capillaries or small blood vessels, carries

away waste, restores normal resistance to external influences, and thus wards off disease.

The human system produces enough poison in thirty to forty hours to destroy life if it were retained in the body. This poison is the natural waste and worn out matter which in health is eliminated by the bowels, kidneys, lungs, tonsils and skin.

So long as waste and repair are equal, and the waste is eliminated as fast as produced, health is the result, but when the equilibrium is disturbed, disease is the result.

Disease is an indication that elimination has been checked, allowing waste to block the circulation, causing congestion.

Thus, the blood lacks proper nourishment and contains too much waste. The blood corpuscles are not healthy, the circulation becomes sluggish, and there is a tendency to coagulation.

In health, the higher forms of digestion are carried on in the circulation, but with poor digestion, faulty elimination and a lack of nourishment which must follow, the whole system is weakened and depressed, allowing an ever-increasing amount of waste to enter the circulation. These irritating substances cause a low form of inflammation.

Inflammation contracts the glands and peripheral vessels, causing the secretions to be

locked up and a resultant congestion of the internal organs. This increases the waste and irritating substances.

The entire system is thus filled with poisonous material, which causes it to lose its sensitiveness and power to control. The brain becomes clouded and dull, a sense of languor and indisposition pervades the whole being. The activity of the cells and tissues is diminished, their power to select nourishment is lessened, the blood lacks the necessary elements, and a state of shattered forces exists. Ambition and energy are gone. This condition may exist for months or years in a mild form, or it may suddenly produce a serious ailment.

We may take, for example, abscess of the liver, which is one of the many diseases that may be caused by self-infection.

This disease is the result of an unhealthy digestive tract. As the circulation returns from the digestive tract it is first carried to the liver, and when digestion is poor the circulation also carries waste and poisonous matter with it, thereby poisoning the whole organ.

Thus the digestion carried on in the liver is interfered with, as are its other functions. In time the liver becomes engorged, and with the cell and tissue degeneration which follow an abscess may be formed.

With impaired liver action, intestinal digestion becomes even more sluggish and in return more poisons are brought to the liver.

The enlarged organ with its growing abscess presses upon the lungs and lessens respiration. Nutrition is lessened and the entire body suffers in consequence.

It may be summarized that digestion, assimilation and elimination are the prime factors in life and health.

Many will not believe that indigestion is one of the primary causes of so many ailments, as they may never have had any pain or other evidences referable to the digestive organs; yet pain and other evidences of indigestion are not always referred to the source of trouble, but may be carried by the nervous system and appear at some distant point.

Minor ailments that may come upon us at intervals are but warnings of such destructive changes taking place in the body.

Dynamite may be struck once or many times, but sooner or later it will explode. Just so, an accumulation of poisonous waste may be stored up in the body for a time, giving no apparent trouble; but sooner or later it will become active in the form of an acute or chronic ailment.

CHAPTER VI.

DRUGS AND THEIR EFFECT UPON THE HUMAN SYSTEM

"The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the vegetable kingdom robbed of all its noxious growths, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained thrust down the throats of human beings."—Oliver Wendell Holmes.

While it is true that many diseases are self-generated, as described in the preceding chapter, with rare exception, the acute diseases from this cause are self-limited and ephemeral.

But the average individual is impatient of even temporary annoyance and at once consults a physician. The physician, in order to relieve temporary distress and to lull the patient into a false security, administers remedies which not only have no curative effect upon the cause of the ailment, but which really aggravate it and leave the condition worse than before.

Drugs are poisons ; and no poison can be introduced into the body without causing permanent harm. While they may relieve distress for the time by intoxicating the nerves and scattering the symptoms until natural processes effect temporary relief, they cannot and do not remove the cause of disease.

Drugs invariably weaken the remedial agents supplied by nature. They weaken the digestion, the foundation upon which all health is built, by their destructive effect upon the sensitive mucous membrane of the stomach and by their injury to the nerves, which are the agents of all bodily functions. They diminish and weaken the red corpuscles, the rebuilders of the body cells : and they always lower the body's vitality, leaving it more susceptible to a recurrence of the complaint treated, and more open to the attack of others.

Of the annual sale of \$520,000,000 worth of drugs in this country, it is estimated that eighty per cent go for laxatives. Constipation is the underlying cause of much human illness. Yet this common and most easily cured of ailments is steadily and rapidly increasing. The more it has been doctored the more prevalent it has become.

The effect of drugs, when taken for constipation, is to stimulate the flow of the digestive juices and the activity of the propulsive

muscles. Like all stimulants, they are followed by reaction and debility. Continued use permanently weakens the bowels and they act only under steadily increasing doses. Their natural vigor is reduced, the muscles become flabby, the nerves, upon which normal digestion depends become deadened and the digestive juices decline in quantity and quality.

A long continuance of this practice is disastrous. The processes of digestion and excretion, depending now on artificial means, grow gradually weaker. The blood receives less and less of the supplies required by the body. The red corpuscles diminish and the various organs and tissues are undernourished.

The partly digested food in the intestines ferments and generates noxious gases, which pass into the blood and gradually poison the system. The delicate mucous membrane lining the bowels gathers a filmy coating of dead matter from the undigested food. In time this lining atrophies and degenerative changes follow. Wherever these conditions exist, all digestive and muscular activity is impeded.

These processes are slow and insidious but inevitable. They may operate and increase for years without the patient's knowledge, and may completely undermine his health and vigor before an acute or chronic ailment compels examination.

Meanwhile, the intestinal trouble slowly extends upward and finally infects the stomach. The bowels act only under the impulse of powerful drugs, and these, in time, become ineffective. Only a part of the undigested food and waste moves forward. The remainder forms a dam and prevents the normal outflow from the stomach. Undigested food remains there, ferments and generates foul gases and poisons which repeat there the effects already caused in the intestines. The stomach becomes weak and flabby, sometimes enlarged, frequently ulcerated and utterly unable to perform its duty. The gastric juices are diminished. The digestive functions are deadened and cease to perform: and there follows a general bodily weakness.

There are some physicians who have become skeptical of methods of treatment employed by their own profession.

At a meeting of the Ohio State Medical Association in Toledo, June 1-3, 1920, the president, J. F. Baldwin, M. D., delivered an address which was so compelling in truth and so strong in its censure of his own profession that no medical journal would print it. After making slight changes, Dr. Baldwin submitted his paper to several medical authorities for their approval. He then had pamphlets printed containing the address together with the com-

ments from medical men. Soon after these booklets were circulated, they were re-called, as well as the letters from the doctors.

The following are a few of the comments on Dr. Baldwin's address:

"The doctor's address should be put into the hands of every thinking American. It is the finest exposé of medical inanity, insanity and ethical quackery that I have ever seen; and by a man who knows just what he is talking about, and who stands high in the medical profession—or did, before he 'went to talkin' out of meetin'."

J. H. Tilden, M.D.

"As to your splendid presidential address, there is so much material in it that is valuable that I want it for my files; it puts the thing in a nut-shell so well."

Wm. S. Bainbridge, M.D.

New York

"I have read your address with great interest. It is an able, bold and truthful document. I entirely agree with everything you say. . . . Let me congratulate you upon your most able address showing breadth of vision and fearlessness."

Hugh Cabot, M.D.

Ann Arbor.

"Thanking you for sending the proof. I am sure this cannot do any harm, but I feel it may

do a lot of good. The sooner we come down to earth in medical matters the better it will be for everyone."

A. J. Ochsner, M. D.

Chicago.

The following excerpts from Dr. Baldwin's address touch on the subject of this chapter: "It is enlightening, to be sure, but decidedly humiliating, to look over the advertising pages of medical journals of thirty or forty years ago, and see what remedies were then extensively advertised, and extensively used by the profession, which have long since disappeared from our medical journals, and from our pharmacies. They were ultimately found to be valueless. . . .

"A few years ago I saw a patient late at night in consultation with three of our very best physicians, two of whom had been treating the case together. After getting the history and examining the pneumonia patient, we all agreed in our belief that nothing that had been given or could have been given, could in any possible way have affected the progress of the disease. In fact, all the drugs administered had been, though unintentionally, really placebos, or what we might now call camouflage. The treatment had been "secundum artem" strictly, but by no possibility could

have affected the progress of the disease, which terminated fatally a few hours later.

“And yet I imagine those same physicians are still, from force of habit, using those same placebos. . . .

“An exceedingly weak point in our profession is its possession of such an enormous array of useless drugs as presented in our pharmacopeia. No thinking observer can look through the pages of that book without being amazed at the credulity of a profession that tolerates such farrago of nonsense—such a hodgepodge of trash.

“It was reported some years ago that Osler had claimed that there were only four great drugs . . . , opium, mercury, antimony and Jesuits’ bark. Osler, himself, claims a longer list, but he only claims ten or twelve great drugs and advises a keenly skeptical attitude toward the pharmacopeia as a whole, quoting Franklin’s shrewd remark: ‘He is the best doctor who knows the worthlessness of the most medicines.’ . . .

“A facetious visitor at the Johns Hopkins, a number of years ago reported that their main treatment was hope and *nux vomica*. Now that Mackenzie seems to have demonstrated that strychnine is utterly valueless to tone up the failing heart, that Crile has demon-

strated that it increases shock, and that Carlson has shown that it is without any value as a stomachic, we may assume that the Hopkins treatment at the present time is limited to hope, or that *nux vomica* is used merely as a placebo. And yet, I presume that practically every physician in the country, with childlike faith is still using his strychnine tablets for the relief of these very conditions in which their use had been found unavailing or harmful. . . .

“The ordinary physician who successfully treats pneumonia or typhoid fever, or any other of our self-limited diseases, to say nothing of the host of functional diseases, is very apt to assume that the treatment which he has been giving has been instrumental in effecting the recovery of the patient. He may even get a little chesty over his “results,” as he calls them. He ignores the fact that all these diseases tend to get well, and that as a matter of fact none of these diseases, while pursuing their ordinary course, are in the slightest degree affected beneficially by any drug treatment. Under ordinary conditions in the treatment of these diseases the drugless healer, or even those who give absent treatments will accomplish practically as good results as the best educated physician with the entire armamentarium of the pharmacopeia at his back. . .

“Could the public become fully aware of that with which all intelligent physicians are familiar, namely, that the fact that a patient recovers is no evidence whatever of the value of the medication, indeed, he might have gotten well quicker, if he had had no medication. . . .”

This last statement of Dr. Baldwin's was clearly demonstrated in the influenza outbreak of 1918-1919.

The whole procedure of the medical profession at this time was a disgrace to modern civilization. Doctors recommended and practiced the use of aspirin and coal tar products. Advice was given to use opium for the relief of pain, and to this end notices were sent out to physicians to the effect that the Harrison law should be temporarily modified so that patients could have their prescriptions re-filled.

The following article affords further information on facts relating to the prescribing of opium by doctors. The article, which is taken from the Rocky Mountain News, January 14th, 1919, states in part: “At a public hearing in Chicago, on the practices of treating the ‘flu’ epidemic, startling testimony was produced, startling for this day and hour. The health department during the holiday week made an investigation of 741,825 prescriptions written by physicians during the height of the epidemic, and of that number it was asserted by

reputable authorities, 104,101 provided for opium or its derivatives. One of the professors of Rush Medical College testified that to give narcotics in influenza cases is to invite pneumonia.

"It is only a short remove from narcotics to narcotism, and from narcotism to narcosis,—the drug fiend stage. . . ."

All this so-called scientific treatment was administered with the result that the allopathic doctors lost eighteen per cent of their cases, while all drugless practitioners lost less than one per cent.

The influenza is dangerous only in proportion to the amount of waste already accumulated in the system.

Drugs prevent nature from throwing off this poisonous waste that is clogging the system and thereby impeding the circulation and elimination. And we have it in actual figures that a disease that claimed as its victims only one in a hundred when treated without drugs, claimed eighteen times that number when they were used in treatment.

Only recently has the public become awakened to the appalling number of drug addicts in this country.

Charles H. Quale, M.D., Madison, Ohio, president of the Anti-Narcotic League of America, is quoted as saying: "There are two

million narcotic users in the United States." And I. F. Kebler, M. D., division of drugs, U. S. Government, Washington, D. C., says: "Ninety-nine per cent of all the cocaine and morphine manufactured in this country is used by persons who have formed the drug habit through physicians' prescriptions."

Referring to the present state of medicine, Charles E. de M. Sajous, M. D., in his work on "Internal Secretions," says: "A generation ago therapeutics was an art promising to develop into a science. At present it cannot be classed as an art nor as a science; it can only be classed as a confusion."

Professor Osler, M.D., formerly of Johns Hopkins, has publicly stated that, "of the action of drugs we know little, though we put them into bodies of which we know less."

And Sir John Forbes, M. D., F. R. S., writes: "No systematic or theoretical classification of disease, or of therapeutic agents, ever yet promulgated, is true, or anything like the truth, and none can be adapted as a safe guidance in practice."

Many chronic sufferers have had experiences similar in part to the following, related by Charles Edward Russell, noted journalist, in an address before the American Medical Liberty League, Chicago, October 30, 1922, in which he said:

“. . . I declare to you my belief, founded upon more than forty-one years of newspaper and journalistic experience and observation in all parts of the world, that there was never a single case of any disease healed by internal medicine. It cannot be done. There are undoubtedly cases where the symptoms of certain diseases have been ameliorated by certain drugs; there are even cases where they have been temporarily suppressed; but there is no such thing as healing a disease with internal medicine. . . .

“I have had some experience myself, . . . I got rheumatism, which ‘sticketh closer than a brother!’ For the next fifteen or sixteen years I suffered from it. I went from one doctor to another and was filled up with one variety of poison after another. . . .

“I took every kind of remedy known to the world and then some, but I got no better. Finally, it got to be sciatica. And these wonderful practitioners told me that if I could get around at all it would be on crutches, and they gave me another variety of poison to reach sciatica, some kind of a potassium iodide or salicylate of potash. . . .

“But it did not work. It did not cure my sciatica; the more I took, the worse I got. Then medical science was nonplussed—and to be nonplussed seems to be its normal condition

You must understand, I had not been fooling with one doctor, nor two, nor twenty.

"One time, for eleven months, I was sent around from one sanitarium to another in Europe, undergoing the experiment of being doctored by the medical practitioners day after day.

"They suggested one remedy for everybody and sometimes the patient died. It consisted of splitting open the hip and getting a grip on the sciatic nerve with a steel instrument, and then passing a line and hanging a weight on the other end, thereby stretching the nerve; for the theory was that rheumatism had contracted the sciatic nerve and that was the only thing left to do.

"When I arrived at that point, I said, 'Good God, I might as well be dead,' and about that time I heard of osteopathy and I said, 'Oh bosh,' . . . but I finally went . . .

"The osteopath said it was nothing in the world but the right hip out of joint, and after a few manipulations my hip was put back in its proper place and I could dance a jig.

"And these practitioners of medical science all these years had been filling me up with poisons with the idea that they could cure me that way,—and yet they call it science."

When we go over the list of drugs generally prescribed by physicians we cannot wonder

that the average length of life is less than fifty years.

And when we think of the nerve-wrecking quinine, the blood-destroying arsenic, the brain-deadening bromides, the heart-depressing coal tar products, the paralyzing mercury and the vein and artery-destroying strychnine, with their long train of injurious effects leading to cell and tissue degeneration, we cannot wonder that most of those years are blighted by acute or chronic illnesses that may well be termed "doctoritis."

CHAPTER VII.

VACCINATION AND SERUM-THERAPY, INJURIOUS TO HEALTH

"This amazing act is the homicidal insanity of a whole profession. This is blood assassination."
—Dr. James J. Garth Wilkinson.

The most injurious results of medical treatment follow vaccination and serum-therapy.

Vaccination and serum treatment consist of the injection directly or indirectly into the blood of more or less virulent diseases or blood poisons with the idea of curing or preventing some disease.

In vaccination, a cowpox virus, usually containing the actual virus of human smallpox, is taken from a diseased calf and injected into the blood, lymph or muscles of a human being.

In serum or antitoxin treatment disease products in the form of animal extracts or poisonous drugs such as mercury, arsenic and quinine are so injected.

Among the most common diseases resulting from these treatments are: meningitis, tetanus or lockjaw, erysipelas, foot and mouth disease, eczema, pneumonia, tuberculosis, syphilis, paralysis, tumors and cancers.

In order to get a clear understanding of how these ailments may be caused by the injection of vaccines and serums, it is necessary to have a general idea of the circulatory system.

Approximately all the blood of the human system, which is estimated as being one-twelfth the weight of the entire body, passes through the heart and lungs every one minute. Therefore, it is possible for this poison to be carried directly to the heart or vital nerve centers, causing immediate death. This has proven true in many cases of vaccine and serum treatment which are on record.

Again, the poison may be carried to the lungs where it starts a cell and tissue degeneration, at the same time destroying the network of hair-like blood-vessels which extract the oxygen from the air-cells of the lungs. When these blood-vessels become engorged and destroyed, the oxidation of the system is impeded and pneumonia follows. Consumption and tuberculosis may be caused in the same manner only that the process is slower.

In the majority of cases, however, the virulent effects are much slower in their development, as the poisonous substance is usually deposited in less sensitive organs, glands or tissues. And there the animal cells contained in the vaccine virus or other animal extracts, may start an independent growth in the form

of a tumor or a cancer, the cells of a cow or horse developing five or six times as fast as those of a human being.

The nature of the disease caused by vaccines and serums depends upon the parts of the body to which the poison is carried and deposited. For instance, if it attacks the less sensitive nerve centers a slow process of inflammation and degeneration will result and paralysis, rheumatism, neuritis, headaches, insanity or blindness may follow.

The most insidious and unsuspected danger of this treatment results when these poisons are carried by the blood-stream and deposited in non-sensitive glands or organs, causing there a slow process of degeneration and a blockage of the lymphatic system. This gradually saps the vitality and impairs all bodily functions. In these cases the individual may become subject to frequent colds, headaches and many minor ailments.

In other instances, where the patient's powers of resistance are high, these poisons may lie dormant for years, giving no apparent trouble, and not until the vitality of the individual is lowered do they become active in their work of bodily destruction.

The practice of inoculation is the outgrowth of the widely accepted germ theory.

Bacteriologists claim that certain diseases are caused by germs, and it is their theory that serum, injected into the blood of the patient, kills these germs and neutralizes the poison. Some animal serums are procured in the following manner: Diseased membrane is cultivated and the poisonous matter therefrom injected into the body of an animal, usually a cow or a horse. When the animal becomes feverish and in a diseased state its blood is drawn and the serum therefrom injected into the body of a human being. This is called serum therapy.

It is interesting to know what the serum manufacturers have to say regarding their own products when speaking confidentially. The following excerpts are taken from a circular sent confidentially by a serum manufacturer to physicians using his products:

"The injection of a foreign protein such as horse serum (normal or immune) into the human body, whether by subcutaneous, intramuscular, intravenous or subdural route is followed by various effects or reactions. These reactions occur in addition to the specific effect for which the serum is introduced.

"In times past, considerable apprehension existed in the minds of the laity, and even among some physicians, as to the possible reactions. . . .

"The frequency with which these recur and their severity, depend apparently in part upon the individual idiosyncrasy of the patient and on the horse from which the serum is derived. The route by which the serum is administered has some effect also, as will be pointed out.

"(1) The serum reaction appearing within a few hours;

"(2) The serum sickness, which may occur between the eighth and twelfth day after the injection of serum;

"(3) The severe shock or collapse sometimes referred to as 'anaphylaxis,' which happens but rarely; when it does occur it appears immediately after the injection.

"The serum reaction occurs in a fairly large number of instances. The degree of this reaction and the time at which it takes place depends upon the route by which the serum is given. Within a few minutes, a half hour, or even longer after the intravenous injection, there may be a chill followed by a sharp rise in temperature. This is accompanied by headache and prostration. The extent of the reaction and the percentage of cases in which it occurs depend in part upon the amount of serum injected, being more severe and more frequent with the larger amounts.

“When serum is given subdurally, a reaction occurs in a large percentage of cases; it is, however less severe and more delayed than the intravenous injection. Usually the reaction develops in one to four hours, and consists of a rise in temperature of two or three degrees together with an increase in headache, stiffness in the neck and restlessness.

“When serum is given subcutaneously or intramuscularly, the reaction is much less marked than with either of the other two methods; and it appears in a smaller percentage of cases, usually only 29 to 30 per cent. . . . It is manifested by a rise in temperature of perhaps two or three degrees, slight malaise, and swelling at the site of injection. . . .

“In addition to these early manifestations which have been described as ‘Serum Reaction,’ there occurs in a certain percentage of cases the well known serum sickness or serum disease. This may develop with any of the methods of injection. In the majority of cases it occurs between the eighth and twelfth days after the injection of serum; or it may appear several days earlier or later. . . .

“The manifestations of serum sickness are much the same no matter what the route of administration. It has been assumed by some that the occurrence of serum disease is more frequent after the subdural than after the

subcutaneous injection; but other observers, among them Rolleston and Ker, have concluded such is not the case. These writers found an incidence of serum sickness in 67 and 77 per cent of their meningitis cases. In diphtheria, Rolleston found an incidence of 65 to 81 per cent. According to Ker, the principal features of serum sickness are various forms of rashes, pyrexia and joint pains. Less common features are edema of the face, eyelids and occasionally of the hands and feet; rarely, sore throat. Vomiting may be a feature of serum sickness, but it is not especially common; and although adenitis may occur in the more severe types of the sickness, it is comparatively rare. . . .

"Serum sickness is usually accompanied by a rise in temperature which may run an irregular course for several days. Joint pains or arthritis, while not common, occur occasionally. Usually there is not much swelling in the joint, but considerable tenderness is often noticed, and there may be great pain on movement. According to Rolleston, in exceptional cases there may be transient deafness or loss of vision. . . .

"Occasionally the skin irritation is so intense or the joint pains may be so severe that, according to Ker, an opiate is advisable. In the case of meningeal symptoms that may de-

velop after subdural injection of serum, lumbar puncture for relief of pressure may be advisable."

The above admissions of so-called "Serum Re-actions" speak for themselves.

From all over the country are coming reports of deaths, admittedly caused by serum treatment; and it is safe to say that reports of the majority of such cases are carefully suppressed by the medical profession and serum manufacturers.

The following are just a few of these outrages, reported to us by the press:

From the Mail, Toronto, Canada, January 10, 1921: "Two women died suddenly on Saturday afternoon shortly after having received a treatment of a serum for blood disorder. Miss Monica Kenney, of 597 Palmerston Avenue, collapsed on the street about fifty yards east of the office of Dr. J. H. McConnell, 1653 Dundas St., while Mrs. Edwin Bond, of 212 Sackville St., died in the doctor's office. . . . Both women had previously been treated.

"Dr McConnell has been practicing medicine for 21 years. He is a member of the Council of the Academy and a senior member of the staff of Grace Hospital. He stated yesterday that a number of local medical men have told him that many cases have occurred in which this particular treatment had been followed

by sharp reactions, ending in some cases fatally.

“ ‘About three or four years ago either five or seven fatal cases were reported to me’, said Chief Coroner Johnson. ‘I reported to the department and took the whole matter up with them, and instructions were given that all such cases should be reported to me for investigation. . . . I do not feel that an inquest is necessary. The purpose of an inquest is to determine the cause of death, which is known in this instance. This serum is dangerous if from any fault it becomes acid, and there is no way of telling that before you use it.’ ”

Chicago Sunday Tribune, March 12, 1922. “A lengthy conference was held today between Dr. Lawrence Kolb, superintendent at Resthaven Sanitarium, and State Commander E. J. Barrett of the American Legion concerning the death of three patients during the last ten days, following the administration of a serum as part of the treatment for their ailments. . . . The patients were ex-service men.”

Denver Post, November 11, 1922. “Anaphylaxis, a rare disease, the cause of which is unknown to medical science, caused the death of Mrs. Clara M. Kleinsmith, 24 years old, of 1061 Kalamath St., a few minutes after she was inoculated with diphtheria antitoxin, according to the verdict of a coroner’s jury. . . .”

The Advocate, Feb. 3, 1921, Provincetown, Massachusetts, prints the following letter: "The sudden death of the Governor of Maine of pneumonia a few days ago after he had been given a 'massive dose of anti-toxin' (according to the Boston Post) for diphtheria is bound to cause the people to wonder if there was not something the matter with the serum that was used.

"From all parts of the country reports are constantly coming in of the evil effects of the serum treatment."

The following extracts from newspaper articles are given in the order of their appearance in the newspapers of Dallas, Texas, during a serum campaign, in 1919:

Dallas Times-Herald, November 15, 1919: "A number of complaints have been filed with the health department regarding the reaction as a result of vaccination for a preventive of diphtheria. Within the last three days a number of children have been vaccinated and the reaction is unnecessarily severe."

Evening Journal, November 26, 1919: "Mabel Ruth Rogers . . . died Tuesday as a result of the use of vaccine which was much stronger than it should have been, Dr. H. Leslie Moore, the attending physician, said Wednesday. He said it was merely an acci-

dent that the company manufacturing the medicine made it too strong."

In the same issue of the Journal we find: "Doctor says baby killed by myocarditis, a heart trouble . . . as the result of poison contained in an immunizing dosage of diphtheria vaccine. Dr. Richardson said the boy's death was caused by myocarditis, a heart trouble developing out of the vaccination. . . . Dr. Richardson wept while discussing the death of the fat, handsome little boy who was well and happy when vaccinated about ten days ago."

The Evening Journal, November 27, 1919, published accounts of the deaths of two more children, Esther Ruhland and Maxine Baird. In the death certificate of each, vaccination with toxin-antitoxin was given as the cause. In the same paper we find: "Frederick Miller . . . died Wednesday night from diphtheria after being vaccinated with toxin-antitoxin, but according to health authorities, the inoculation was not a contributory cause."

The Times-Herald, November 28, 1919: "The city officials regret the result of the treatment which caused the death of six children and the illness of approximately 50 more, but at the same time urge that the treatment with toxin antitoxin, as a cure for the disease be kept up."

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The newspapers of January 1, 1920, recorded the tenth death, that of Mary Margaret Johnson, and one paper states, "The child was inoculated on November 15th and had been under constant medical treatment since that date."

The illness of fifty children and the deaths of ten more; and yet the city health officials, while regretting the tragedy, advised that the cause of it be "kept up."

No doubt these serums will continue in use until their disastrous results at last arouse the public, when they will hastily be abandoned and renounced by the profession that now proclaims their efficacy. And in their places will be offered others just as injurious to the patient, just as enthusiastically recommended by the profession, and just as gratefully received by the suffering and credulous laity.

Among the many horrible failures of serum-therapy, none was more enthusiastically heralded than Koch's tuberculin. This serum was widely used for several years until its frightful results caused it to be hastily abandoned in 1894. The "old tuberculins" have now been replaced by the "new tuberculins," of which we have quite a number. Other serums of almost the same degree of popularity and fatality were Enteric Serum, Haffkine's and Yersin's serum for the plague—each a failure, and yet

in its day as much praised and used by physicians as those of the present time.

Even the infallible anti-toxin treatment is coming into disrepute with the profession that has so strongly advocated it. According to the Chicago Tribune, August 3, 1922, that "magic remedy," in which we were all taught by doctors and health boards to place our most implicit faith, is "all wrong." The article referred to states: "Health authorities of the city and state, headed by Dr. H. N. Bundesen, Chicago health commissioner, gathered in Congress hall on the pier and discussed matters pertaining to health and its preservation. The major event of the day . . . was the conference on diphtheria control, at which Dr. Bundesen described in detail the preventive and curative measures that have been taken in Chicago in combating this disease.

"Present day methods of fighting diphtheria are all wrong, Dr. Bundesen declared . . . 'Instead of the old anti-toxin treatment, the toxin anti-toxin treatment should be used. This is simply vaccination, similar to vaccination used against smallpox'."

And so we turn from this once hailed "elixir" to another just as promising; and to it we will cling with the same trust and confidence, until we are told by the profession which evoked

that confidence that the treatment is "all wrong."

It should not be thought, however, that the medical profession as a whole favors the serum treatment. Charles E. Page, M. D., of Boston, is one who strongly denounces its practice. In a letter written to the editor of the *Therapeutic Review*, August 8, 1918, he said "Your issue of July comes to my desk and I find the article on 'Paralysis from Pasteur Treatment' very interesting; but the whole story is revolting to every well informed man in or out of the profession. . . . I have taken a great deal of pains to look into the question of rabies and have communicated with quite a number of dog raisers and dog catchers, and from each and every one I have the same story, namely, that this hullabaloo about rabies and the benefits of the Pasteur Treatment is one of the greatest fakes ever emanating from the medical profession. . . . On the other hand we have records of cases where a patient has died very promptly after the Pasteur Treatment, while several other individuals bitten by the same dog at the same time, but not treated, kept right on living with no special inconvenience, and the bites healed. . . . The whole story given us by Dr. Fielder, as you quote it from the *Journal of Nervous and Mental Diseases*, is alone enough to damn the Pasteur Treat-

ment for all time, and along with it the entire group of serums, all useless, harmful and irrational. . . . In truth, the injection of any foreign substance into the circulation is a direct violation of the first law of life and health, namely to maintain the normal purity of the blood. Dr. Fielder, himself, admits numerous cases of heart failure, paralysis and death from the Pasteur Treatment."

J. F. Baldwin, M. D., President of the Ohio State Medical Association, in an address before one of their meetings, June 1-3, 1920, said regarding serums: "At the present time the profession is being overwhelmed with traveling representatives . . . who are foisting upon us serums and vaccines and preparations of various organs, practically none of which have been demonstrated to have any value whatever, and most of which are known by intelligent physicians to be worthless or worse.

"The treatment of diseases, or their prevention by antitoxins, serums and vaccines is still very largely in the experimental stage, with grave doubts as to the value of the vast majority.

"Unfortunately, much of our literature on these subjects, including statistics, is furnished by the manufacturers who are interested, above all things in the financial aspects of their production. One of the most prominent prac-

tioners in Ohio called my attention some months ago to the fact that even diphtheria antitoxin acquired its reputation when the doses used were so small as would now be regarded as entirely inadequate, and those doses given at a stage of the disease in which their administration is now looked upon as practically useless.

"A number of years ago there was a grave epidemic of diphtheria in Philadelphia. The epidemic was proving remarkably fatal, when a firm of manufacturing pharmacists appeared, and with the claim that the antitoxin had not been properly administered, proposed to the officials that they would take charge of the situation,. . . provided merely that they should be permitted to use the statistics which they would thus obtain. Their proposition was promptly accepted; the antitoxin was used with a free hand, but the statistics were never published.

"I refer to this merely as an illustration of the purely commercial attitude of the manufacturing firms. Statistics can be of no possible value when the unfavorable ones are suppressed and only the favorable ones published. It is an old legal aphorism: "False in one thing, false in all." And that maxim should be rigidly applied to all such reports, statistical and otherwise.

“The treatment of pneumonia may be looked upon, as suggested by Osler, as a sort of a test of the serum type of therapy. It is a disease that is always with us, has a frightful mortality, and its lesson is always a lesson of humility. It is doubtful if the death rate to-day is any less than it was a thousand years ago . . . As Osler suggests, we must accept the truth, however unpleasant, and with this death rate before us, let us not be deceived with vain fancies.”

Referring to Dr. Baldwin's last statement regarding pneumonia deaths, the Chicago Tribune, December 27, 1922, in quoting figures as given by Health Commissioner Bundesen, reports that “pneumonia deaths increased from 1,935 to 2,314” during 1922.

The Chicago Tribune, January 24, 1923, states: “In the first twenty-two days of 1923, seventeen persons died in Chicago of influenza and 361 of pneumonia. And an article in the same paper January 31, 1923, says: “Pneumonia and influenza are now causing 20 per cent of the deaths in Chicago.”

The following is taken from the American Journal of Public Health, January 1923, page 61: “Report of Pneumococcus Inoculations; The authors report the results of a study of the practical value of prophylactic inoculations against pneumonia among the inmates of cer-

tain state institutions, which was conducted jointly by the U. S. Public Health Service and the New York State Health Department. . . . There are thus recorded, two seasons of prevalence of pneumonia, the first one immediately following the inoculation and the other more than a year later. The vaccine used was the lipovaccine prepared at the Army Medical School. . . . The authors feel that the results are far from satisfactory and do not permit any definite conclusions . . . Furthermore, they show the development in the inoculated group of pneumonias incited by the 3 fixed types of pneumococcus used in the vaccine. September 30, 1922. G. W. McCoy, H. E. Hasseltine, A. Wadsworth, M. B. Kirkbride. *Journal of the American Medical Association.*"

Thus Osler's test of serum therapy would conclusively prove the whole method of treatment to be a decided failure.

The anti-toxin treatment originated after the claim of Löffler; his theory being that a certain bacillus is the active origin of diphtheria. It is a fact well known to every bacteriologist that this germ may be found in the throat of a person in perfect health, whereas it may not be present in the throat of one afflicted with the disease. Therefore, the evidence on which the method of treatment is

founded is entirely inconclusive and contradictory.

Since the year of 1894 the majority of the medical profession have used anti-toxin serum as a cure and preventive of diphtheria. If the assertions made by the profession as to its beneficial results were in any measure true, there would be little available evidence to prove its futility and fatality. Such is not the case, however, as there are overwhelming evidences both of its failure and its ill effects.

J. T. Biggs, in his work, "Leicester: Sanitation Versus Vaccination," has collected a vast amount of such evidence from reliable sources, and it is from this book that the following excerpts are taken: "It is common knowledge that diphtheria and its fatality had not only decreased, but were declining in Europe long before 1894, the year of the introduction of the equine diphtheritic serum. This decrease of fatality was largely due to improving sanitary conditions; but the most important factor contributing to the ostensibly lessened fatality (if any), since anti-toxin came on the scene, is not due to anti-toxin but to the inclusion of a large number of cases, principally children, simply suffering from 'benign sore throat,' and not from diphtheria at all.

"Professor Soerensen says, in the Practitioner, April, 1896, that 'the serum did not,

to any appreciable degree, prevent the extension of the disease to the larynx; all the severe cases died, and the good results in the lighter ones were attributed to the mild type of the epidemic.' He also states that at the Hospital of Bligdam, Copenhagen, 'the mortality from diphtheria remains the same after, as it was before' serotherapy was introduced.

"In Berlin, the records of Charite Hospital show, since 1894, 'an increase year by year in mortality from diphtheria, as a result of the anti-toxin treatment, notwithstanding the fact that a large percentage of the cases had the disease in a mild form.' The number of children treated for diphtheria has trebled since the application of serum.

"Dr. De Maurans tells us, in the weekly bulletins of the Statistical Department of the City of Paris, that in 1895, the diphtheritic fatality was only 9.42 per cent in Paris. Six years later, when the anti-toxin treatment was in full swing, the fatality had risen to 14.49 per cent, thus showing an enormous increase.

"The Metropolitan Asylums Board of London exercises its functions over probably the largest number of cases, of any authority in the world. The authoritative official reports of the board carry great weight, and may be regarded as conclusive.

“The most striking and dominant feature of the reports (1895-1910) is the high fatality rate of those inoculated with anti-toxin when compared with the untreated cases. The highest fatality rate of the injected patients is 28.1 and the lowest 9 per cent, whereas the highest fatality of the untreated cases is but 13.4, and the lowest only 1.5 per cent, showing a difference enormously against the use of anti-toxin.

“Dr. Campbell Black, Professor of Physiology at Anderson’s College, Glasgow, described anti-toxin as a filthy concoction of animal extracts, and said there was no finer advertisement for the modern medico-scientist than ‘to invent an anti-toxin from some animal abomination, and get it boomed as a cure for some new and grievous malady.’

“Dr. Washbourne, at a meeting of the Medical Society of London, October 9, 1899, pointed out that patients who died in spite of anti-toxin treatment ‘developed a certain train of symptoms suggestive of paralysis of the vagus nerve.’

“Miss Lind-af-Hageby, in ‘Fallacies and Failures of Serum-Therapy,’ from the Anti-Vivisection Review, quotes many authorities condemning anti-toxin, and cites a number of deaths occurring from its use. Many of the quotations are from ardent advocates of serum-therapy. Miss Lind gives some excerpts

from 'Serums, Vaccines and Toxins,' by Dr. W. C. Bosanquet and J. W. H. Eyre, which show that amongst other sequelae from the use of serum are cyanosis, exudative tonsilitis, abscesses, cutaneous eruptions, erythema, urticaria, pyrexia, lockjaw, and other complications. Numerous instances of fatal injections of serum are given, and the forenamed doctors remark (1909 edition): 'It cannot be denied that in a certain number of instances the injection of diphtherial anti-toxin has been followed by death directly attributed to the action of the serum.'

"In a pamphlet on 'Serum Therapy, with Note on Preparations of Serums,' issued by a firm of serum purveyors (Messrs. Parke, Davis & Co., London) to the 'Medical Profession', a lurid light is thrown on the inner workings of this lucrative, but disease distributing business. . . .

"The diphtheric serum prepared and sold by this particular firm of vendors is puffed up as a 'proved success,' in contrast with other serums which they say 'have so far not proved satisfactory.' Then as a warning to purchase only where great precautions are taken to secure 'purity' of the serum, it is said that: 'On one occasion, in the city of St. Louis, serum was injected into a number of children, of whom twelve contracted tetanus and died.' . .

"This is sufficiently startling, but even graver statements follow. . . . Medical men are told that 'anaphylaxis may occur upon a second injection of serum, and may occur even though years have elapsed since the first.' A leading article in the British Medical Journal of May 21, 1910, is quoted, wherein the writer remarks, that whilst the exact scope of anaphylaxis is not clearly known, it is certain that rapid or sudden death may occur after a serum injection, and that should a second injection be given, the case must be carefully watched. The article proceeds: 'Anaphylaxis first shows itself ten or fifteen days after the first serum injection, but may be elicited by any injection given subsequently, and may persist for, at any rate, as long as nine years in specially sensitive patients.' "

An article on the "Tuberculin Treatment" published in the British Medical Journal, July 6, 1912, says: "The gradual re-entry of tuberculin into the therapeutic field has called forth a number of guides of all nations, who desire to point out the ways of safety, and the pitfalls of danger, to all those who seek to employ it. . . .

"Tuberculin treatment has at more than one period been taken up too enthusiastically and dropped too abruptly, and even now there is a manifest tendency in some quarters to

vaunt its powers to a far greater extent than the collected evidence of good observers would seem to warrant. By slow degrees a better knowledge of its mode of action has been attained, but at best, this knowledge is still limited within narrow bounds; and much of the theory which serves to guide our lines of thought is speculative."

Lieutenant-Colonel Charles E. Woodruff, M. D., (U. S. A., Retired), in an article, "Tuberculosis Following Typhoid Fever," which appeared in *American Medicine*, January, 1914, said: "Le Tulle tells me that all serums and vaccines will cause incipient cases to get rapidly worse. He has particularly noticed this in giving the anti-toxins for diphtheria and tetanus. . . . Chantemesse, of Paris, informs me that he has seen two cases of rapid tuberculosis develop a few days after anti-typhoid vaccination, and he warns particularly against using it where tuberculosis is suspected."

In speaking of inoculations for enteric, the *Insurance Spectator*, (England), October, 1900 says: "It is a fact that numbers of the rank and file have had their health utterly ruined as a direct result of the inoculation."

The dangers connected with the typhoid vaccination are brought to our attention by Dr. D. J. Davis, in the *Journal of the American*

Medical Association, February 24, 1912, in which he said: "We should remember that any substance that will in a healthy individual, cause headache, nausea, insomnia and an increase of temperature of two or sometimes three degrees, etc., as the typhoid vaccine may do in the doses used, must be considered a powerful toxin. Consequently, it is reasonable to assume that certain changes, such as myocardial degenerations, etc., might easily result, though they may be manifested only at a much later period of life. And perhaps the consequences might be much more severe should the vaccine be injected into an individual who was at the time suffering from renal, cardiac or other lesions. At any rate, it would seem inadvisable to use the vaccine previous to a careful physical examination."

And yet, in spite of many such warnings, from medical men, themselves, every man in the United States army and navy during the late World War was injected several times with typhoid vaccine.

Reports of the Surgeon General, United States Army for 1918-1919 speak for themselves in demonstrating how the vitality of these men was lowered by the serum, leaving them more susceptible to disease.

The death rate of American troops in all countries for 1910 was 4.5 and in 1917 was in-

creased to 6.3. For American troops in the United States, the death rate from disease in 1918 was 21.93.

The total number of admissions to hospitals for diseases of enlisted men of the American Army, during 1918, came to 2,326,632 cases. The highest admission rate was in the United States, so that exposure from battle and unsanitary conditions were not factors. Sanitation was the best that skill could make it. The men were unreservedly in the hands of the medical profession and subject to its dictates of treatment, the alternative of refusal being imprisonment. And under this medical rule, the hospital admission rate during the year of 1918 was 1,293.62 per 1,000 enlisted men in the United States. In other words, the average of every soldier was in the hospital at least once and some of them more times during the year 1918.

By adding the discharge rate of 84.68 per 1,000 soldiers in the United States to the death rate of 21.93, we find that 106 soldiers out of every thousand in the United States were unable to serve because of illness or death.

The medical control in the navy was just as complete as it was in the army, with the results that the resisting powers of the men were so lowered that 18.77 per 1,000 men ashore died of pneumonia and influenza, in

the United States, during 1918, as compared with 5.83 per 1,000 of the civil population.

And it must be remembered that the civil population, which had less than one-third the mortality recorded in the Navy from these diseases, included that large number of men who were rejected by the Army and Navy because of their poor physical condition. The Army and Navy were made up of the most physically fit of our nation. They were under the constant care of our medical profession, and the results were so appalling as to bring forth the following article, by Dr. Victor G. Heiser, in the *Journal of the American Medical Association*, December 7, 1918, in which he says: "It is apparent that it is more dangerous to be a soldier in peaceful United States than to have been on the firing line in France. From the statistics so far available, the death rate in the military camps is higher than among the civil population, even in similar age groups. The mortality in New York and Chicago, for instance, shows that the death rate in the Army is more than double that of the civil population of the same age group. There is also the possibility that when allowances are made for the fact that defectives have been eliminated from the Army, and that these poor 'risks' swell the civil death list, the

corrected margin will be still further increased in favor of the civil population."

Were the American press less ruled by the doctors and the health boards, and more open to complaints, there would, no doubt, be many articles like the following in our own daily papers.

The following was printed in *John Bull*, a British weekly, which is in no way a reform paper, November 23, 1918: "As we expected, we are being overwhelmed with letters from soldiers who were vaccinated and inoculated, and many of whom declare they have been ruined for life. Vaccination and inoculation are not compulsory in the British Army, but commanding officers found a way to put the screw on by refusing leave to those who did not undergo the operation. We say nothing for or against the needle, but deprecate the pernicious practice of officers commanding and others who in defiance of military law, coerce and crush the men."

Our soldiers were more thoroughly vaccinated and inoculated than the British, refusal on the part of our soldier meaning imprisonment. One wonders what their feelings will be when they at last come to realize the injuries done them by this forced "blood poisoning."

CHAPTER VIII.

DISEASE AND DEATH FROM VACCINATION

"Believe not in vaccination; it is a world-wide delusion, an unscientific practice, a fatal superstition, with consequences measured today, one hundred and sixteen years after its birth, by thousands of dead and wounded, by tears and sorrow without end."—Dr. Carlo Ruata, M.D., Professor of Materia Medica, University of Perugia, Italy.

In considering the injury to health as a result of vaccination, let us first consider what the medical profession, itself, teaches regarding it.

The following is copied from a medical text book in current use among medical students, the "Manual of Medicine" by A. S. Woodwark, C. M. G., C. B. E., M. D., F. R. C. P.

"... Vaccination . . is the process of inoculating human beings with the virus of cowpox, producing an attenuated form of smallpox, and so conferring a temporary, relative or absolute immunity of the disease.

"The vaccine employed is always glycerinated calf lymph, but lymph obtained from the

pock of a human being on the eighth day will act equally as well. . . .

"Vaccination should be performed at the age of two or three months, a second time between 10 and 15 years of age and later whenever an epidemic occurs.

"Vaccination should be postponed if the infant is weakly or in ill health from any cause, or the subject of a skin disease.

"Signs and Symptoms: On the third day the child becomes restless and irritable. The lymphatic glands draining the inoculated area are enlarged; the temperature is slightly raised and reaches its maximum about the eighth day.

"The rash appears on the third day as a pale papule surrounded by a reddish area. On the fifth or sixth day it becomes an umbilicated vesicle, which becomes purulent about the tenth day. On the fourteenth day the scab begins to separate, and by the end of three weeks it leaves a red depression which eventually becomes a white pitted scar.

"Complications and Sequelae.

"A. From pure vaccine inoculation.

"(1) A second local inoculation or even general vaccinia.

"(2) In the papular stage, rashes such as urticaria, erythema, multiforme vesicular and bullous eruptions.

“(3) In the vesicular stage, generalized vaccinia, scarlatiniform rashes, purpura and erythema multiforme.

“Sequelae.—Eczema, psoriasis and urticaria.

“B. From impure or mixed inoculation at the time of vaccination or later.

“(1) Impetigo contagiosa.

“(2) Syphilis.

“(3) Tetanus.

“(4) Cellulitis or erysipelas, pyoemia, gangrene or boils.”

Referring to the distinction made in the above article between pure and harmful glycerinated calf lymph, attention may be called to the testimony of Professor E. M. Crookshank, M. D., (London), Professor of Pathology and Bacteriology, King's College, given before the British Royal Commission on Vaccination, in which he said: “We have no known test by which we can possibly distinguish between a lymph which is harmless and one which might be harmful to the extent of communicating syphilis.” (Question No. 11,119.)

The glycerinated calf lymph now used in vaccination is a snare and a delusion. In the minds of the credulous public it is regarded as less dangerous than the old arm-to-arm vaccination.

On this subject of glycerinated calf lymph let us refer to the opinions of some professional witnesses called before the British Royal Commission on Vaccination.

In the Royal Commission Final Report, summarized by W. Scott-Tebb, M.D., D.P.H., we find the following: "Eighty-four cases of serious injury, resulting in twenty-four deaths, from the use of glycerinated calf lymph.

"Some of the best qualified witnesses who have afforded us their assistance have expressed a deliberate preference for arm-to-arm vaccination, believing that the advantages of calf lymph are more imaginary than real." Royal Commission, Final Report, No. 433.

Drs. Barlow and Acland, who were engaged by the Royal Commission to investigate cases of injury, think that "calf lymph as now usually employed tends to produce more severe inflammatory reaction than that which has been humanized." Minority Report, No. 186.

The local Government Board, in excusing a vaccination disaster at Rugen, Germany, in which 320 persons were infected with a loathsome contagious disease, said: "The operation was not 'vaccination' as the word is understood in England, but consisted of insertion into the arm, after the manner of vaccination, of a mixture of vaccine lymph, thymol solution and glycerine, of which mixture by far the

largest part must have been glycerine." Taken from a letter to Arthur O'Connor, Esq., M. P., Printed in "Leicester: Sanitation Versus Vaccination."

In Dr. Quain's "Dictionary of Medicine," it is declared that ". . . by the adoption of bovine matter, we merely substitute one possible risk for another."

J. T. Biggs in "Leicester: Sanitation Versus Vaccination," says: "Since the introduction of glycerinated calf lymph, sudden deaths following vaccination have become more frequent, and in September, 1897, inquests were held on three children who died in the London Hospital as the result of having been vaccinated with glycerinated calf lymph."

Dr. Seaton says, in his "Handbook of Vaccination," page 337: "There is no one in England whose opinion on the subject of animal vaccination will be received with so much respect as Mr. Ceely's, because there is no one who has nearly the knowledge that he possesses of the disease in a cow, and its transmission to the human species . . . So far from being likely to produce fewer human ailments, and cutaneous eruptions in the pre-disposed, he knows from his experience that it would, as being more irritating, 'produce more.'" (The Mr. Ceely referred to was R. Ceely, M.R.C.S., L.S.A., of Aylesbury.)

Since the official adoption of glycerinated calf lymph by the Public Vaccinators of England in 1899, 338 deaths from "cow-pox and other effects of vaccination" were recorded by the Registrar General, up to 1920.

More than 700 cases of abnormal results have been officially reported to the French War Office Health Department, of revaccinations, done with the glycerinated calf lymph. And it must be remembered that these are only cases reported to the government.

After forty years of practice as a physician, Dr. William Hycheman, M. D., New York, said, regarding different methods of vaccination: "Now vaccination by cow-pox or humanized pox, whatever may be the multiplicity of lymphs, (and pure vaccine is only a rhetorical euphemism for horse grease), is an eruptive disease, setting in with febrile symptoms, followed by papule, vesicle and pustule, in about eight days. And what else is smallpox? I have recently dissected more than a dozen children, whose deaths were caused by vaccination, and no smallpox, however black, could have left more hideous traces of its malignant sores, foul sloughing, hearts empty or congested with clots, than did some of these examples of State physic, which killed with rotten patches of lungs, spleen, mesenteric

glands, kidneys and intestines." (taken from "Leicester: Sanitation Versus Vaccination").

This evidence which reveals the dangers of present day vaccination methods could be indefinitely multiplied. After all, in what way does this system of vaccination differ from that used in Jenner's day? It was animal vaccination then, beginning with the pus taken from a diseased cow or horse, (as the swine-pox virus with which Jenner inoculated his eldest son), and today we are again back to animal virus.

In an article printed in the *Lancet* (England) August 14, 1891, entitled "Human or Animal Lymph," Dr. Robert Pringle says: "The greatest enemy which vaccination has to contend against is the appalling ignorance of the subject from a purely practical point of view."

J. T. Biggs, noted statistician and witness before the Royal Commission on Vaccination, says regarding what is known of the exact nature of vaccine virus: "Of all the professional witnesses called before the Royal Commission to enlighten the world, not one was able to satisfactorily define what is meant by vaccination, or what variety of virus claimed specifically and exclusively to fulfil the requirements of that term. Very few, outside those who have studied this subject, are aware of the occult vagaries which have signalized the manufac-

ture and production of vaccines, or the wide diversity of choice which has been offered to, or forced upon a credulous public."

Dr. William Osler said: "With our present knowledge of smallpox it is not possible to advance a theory of the disease which conforms to what appears to be known and which is explanatory, of the mode of infection. We are ignorant. . . . Equally unknown is the vaccine virus used to produce the disease vaccinia which vaccination is intended to induce."

In coincidence with the above statement, are the following letters from well known serum manufacturers, taken from "Horrors of Vaccination," by Charles M. Higgins:

The Vaccine Farms,
Dr. & Co., Proprietors.

The Largest and Most Complete Vaccine Establishment in the World. Only Vaccine Awarded a Medal by the World's Columbian Exposition.

M. Pa.,
Oct. 25, 1906.

Dr. J. W. Hodge,
Niagara Falls, N. Y.

Dear Doctor:

In response to your inquiry of the 22nd inst., we beg to state that Vaccine Virus or its active principle is a subject about which very little is definitely known. We are only able to ar-

rive at the results obtained from certain conditions.

It was thought by Dr. . . . , the founder of our establishment, that he had discovered a case of spontaneous cowpox, and we have been using as one of our strains of seed virus, this source for nearly twenty years. It later developed, however, that the case referred to evidently was inoculated by a tramp having smallpox and who slept in the stable. . . .

We regret our inability to give you more definite information on the subject, but trust the above may be of some value to you.

Very truly yours,
Dr. & Co.,
Manager.

The above shocking letter speaks for itself as to the dangerous, known and unknown nature of vaccine virus; as does the following letter taken from Mr. Higgins' book:

Biological Department
Parke, Davis & Company,
Home Offices and Laboratories.
Detroit, Mich.,
March 27, 1905.

Mr. Charles M. Higgins,
271 Ninth St.,
Brooklyn, N. Y.

Dear Sir:

Your communication on the subject of vac-

cine virus has been received and contents noted.

What you say about the confusion existing in the minds of the medical profession as shown by medical text-books regarding the origin of vaccine is entirely true. No one seems to know positively the exact nature of this product. It would seem to us, however, that the theory that cowpox is but modified smallpox, is the most tenable one. Particularly does this seem true in view of the facts reported by Dr. Monckton Copeman, Director of the Government Vaccine work in London, that he had been able to take smallpox virus, transmit it to monkeys, from monkeys to heifers, and from heifers to man, the resulting vaccination on the human subject being identically the same as that produced by the vaccine as ordinarily prepared. . . .

On theoretical grounds it seems to us that this is a very plausible explanation of the origin of vaccinia. During Jenner's time smallpox was very prevalent and nothing could be more natural than for persons recovering from smallpox to transmit the disease to the udders of cows, producing an infection which, on account of the difference in the species of the animal, modified the smallpox virus.

Regretting that we are unable to state more positively the exact relation between the two

diseases and the origin of the seed as used by manufacturers, we remain,

Very sincerely yours,
(Signed) Parke, Davis & Co.

It cannot be denied that smallpox virus is used today, even as glycerinated calf lymph. The lymph would be useless without it. We find that the lymph used today is as bad or worse than the vaccine used in former days, because:

- (1) All lymph contains animal cells and cannot be obtained without them.
- (2) Animal cells are the known method of transmitting disease in vaccination.
- (3) That, apart from dilution, water and glycerine when mixed with vaccine lymph have no beneficial effect, and therefore the dangers from glycerinated calf lymph in use today are undiminished. In fact bovine diseases may be added to the already long list of human ailments caused by vaccination.

The vaccine used in this country today originates in smallpox that is inoculated into calves. This is admitted by the leading vaccine authorities. If this smallpox matter from the smallpox patients will communicate that disease to a calf, it will carry any other communicable disease that the person may have had from whom the seed virus is taken.

Many, no doubt, remember the horrible foot and mouth disease which swept through the herds of the middle West in 1902, and again in 1908. Millions of dollars worth of cattle were killed, and upon investigation it came out on the floor of Congress and is recorded in the Bureau of Animal Industry that this epidemic was started by vaccine virus used upon calves that had been turned back to the herds. This same vaccine was used on the children of the United States for years.

In an address delivered before the International Anti-Vaccination Congress, held at Cologne, October 10, 1881, Dr. Charles Pigeon, France, drew the following outline of evil effects following vaccination:-

“(1) That variola is not relatively a serious disorder, and that vaccination is no protection against it, but renders it more dangerous.

“(2) That vaccination exposes the vaccinated to syphilis.

“(3) That vaccination exposes the vaccinated to several other diseases, and is the means of exciting sundry others, the major part of which are more dangerous than smallpox.

“(4) That vaccination is a powerful cause of the degeneration of mankind.”

In 1882, the London Society for the Abolition of Compulsory Vaccination published a list of 155 testimonies from medical men and

medical journals. They record 710 deaths from vaccination.

Considerable evidence was given on the subject of diseases caused by vaccination in Dr. Makuna's "Vaccination Inquiry," published in 1883. Of the 384 replies from medical men that are published, there are recorded 53 cases of syphilis, 126 of erysipelas, 64 of eczema, 22 of erythema, 9 of scrofula, and a number of others, making over 40 diseases in all, which were the result of vaccination according to the opinions of these doctors.

J. T. Biggs, who has thoroughly investigated and written on the subject of vaccination, has compiled and published a list of diseases resulting from vaccination:

Abdominal Phthisis	Boils
Abscesses	Bronchitis
Adenitis	Bullae
Anaemia	Cancer
Angeioleucitis	Cellulitis
Apnaea	Convulsions
Arm Disease	Cowpox
(involving amputation)	Diarrhoea
Axillary Bubo	Diseased Bones
Axillary Gland	Diseased Joints
(enlargement of)	Dyscrasia
Blindness	Ecthymia
Blood Poisoning	Eczema
(fatal)	Eruptions

Erysipelas	Pityriasis
Erythema	Plague
Foot-and-Mouth Disease	Pneumonia
Gangrenosa	Prurigo
General Debility	Psoriasis
Herpes	Pyaemia
Impetigo	Pyrexia
Inflammation	Rickets
Latent diseases developed	Scald Head
Leprosy	Scarlatina
Lichen	Scrofula
Lupus	Septicaemia
Marasmus	Skin Disease
Meningitis	Struma Intensified
Mesenteric Disease	Syphilis
Oedema	Tetanus
Paralysis	Tuberculosis
Phagedenic Action	Ulceration
Phlegmon	Urticaria
	Vaccinia
	Varioloid

The following is taken from "The Wonderful Century," by Alfred Russel Wallace: ". . . The testimony of Mr. Davidson, Medical Officer of Health for Congleton, and formerly a Public Vaccinator, is important. He began an inquiry into the alleged injurious effects of vaccination without believing that they were serious. The outcome of his investigations was startling to him. In his

Annual Report for 1893, he says: 'In the investigation of a single vaccination period, the fact was revealed that in quite fifty per cent of all vaccinated in that period, the results were abnormal, and in a large number of these very grave injuries had been inflicted. That the results of the practice are the same elsewhere as in Congleton I have no reason to doubt, for, judging from what I have seen of this method of vaccinating, our Public Vaccinator is as careful as it seems possible for a Public Vaccinator to be.'

"This evidence of Mr. Davidson's is especially important, because it reveals the fact that neither Public Vaccinators nor ordinary medical men usually know anything of the injurious effects of vaccination, except in such individual cases as may occur in their practice, while all around them there may be a mass of evil results which, when systematically investigated, proves as unexpected as it is startling in its amount."

Mr. William Tebb, England, presented a list to the Royal Commission on Vaccination containing 6,233 cases of injury and 842 deaths caused by vaccination. Mr. George S. Gibbs published in 1891, the results of a vaccination census at Darlington, England, which recorded 224 cases of injury and 79 deaths. Then, by referring to the Sixth Report of the Royal

Commission, we find on page 617, a list of about 1,000 vaccinosyphilis cases.

Dr. Carlo Ruata, Professor of Materia Medica at the University of Perugia, Italy, has been a leader of the anti-vaccination struggle in Europe. The following are excerpts taken from his speech in the Pretor's Court at Perugia: "During the past days, I have been compelled to see the manifold and disastrous effects due to vaccination . . . I hold in my hands hundreds of letters relating the deaths caused by vaccination. As a result of certain vaccinations executed at the barracks of Udine some few years ago, about fifteen soldiers fell seriously ill and three of them succumbed. . . . In a volume of Prussian Government Statistics for 1909, I hold in my hand the last published, it is admitted that thirty deaths took place in Prussia during that year as a consequence of vaccination, in addition to 113 cases of minor importance which did not result in death . . . In the years of 1907 and 1908, 3,533 complications were reported in our country as a result of vaccination. And what are these complications? The official volume will tell us. They are meningitis, pneumonia, tumors, general eruptions, erysipelas and other similar delights. The Sanitary Officer of Turin wrote in 1902, that prior to 1888, vaccination was so destructive in

Turin that 80 per cent of foundling children died from vaccinal erysipelas. But even while he witnessed this slaughter of the innocents, he went about preaching that vaccination was perfectly innocuous, and caused the 80 per cent lymph to be distributed gratuitously to the doctors of Turin."

The following is taken from the New York Medical Journal, December 11, 1915: "However trivial the operation of vaccination may seem, we should always remember that it is a surgical procedure, sometimes followed by severe and even fatal results."

In Osler's "Principles and Practice of Medicine," eighth edition, 1918, we find on page 330: "Influence of Vaccination Upon Other Diseases: A quiescent malady may be lighted into activity by vaccination. This has happened with congenital syphilis, occasionally with tuberculosis."

It was argued at one time that the in-vaccination of syphilis was impossible. No one can dispute it now in face of the overwhelming proofs. The following are a few opinions on the subject from medical authorities and from medical journals:

Dr. W. J. Collins, B.Sc., M.B., B.S., M.R.C.S., writing from St. Bartholomew's Hospital, September 10, 1881, says: "In 1805, Dr. Mosely discovered that syphilis was communicable by

vaccination, but it was not until seventy years later that the majority of the profession were convinced of the fact . . . Pathology has taught us long since that syphilis may be conveyed by infected blood or the secretions which are its offsprings. Statistics complete the evidence by showing that the deaths from infantile syphilis per million births were under enforced vaccination (1867-1878) 1,738, as compared with 564 under voluntary vaccination (1847-1853)."

Mr. Brudenell Carter, F.R.C.S., L.S.A., Surgeon to St. George's Hospital, in the Medical Examiner, May 24, 1877, stated: "Syphilitic contamination by vaccine lymph is by no means an unusual occurrence, and it is very generally overlooked, because people do not know either when or where to look for it. I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccinal; and that the syphilis in these cases does not show itself until the age of from eight to ten years, by which time the relation between cause and effect is lost sight of."

Josef Hamernik, M.D., Professor of the University of Prague, in "The History of Smallpox and Vaccination, says: ". . . Some terrible diseases came to light . . . which were caused by one vaccinator infecting a whole district by vaccination. In the beginning of

this year a similar misfortune occurred in the neighborhood of Melnik, when a number of children in several districts got syphilis by vaccination, and several died of it. Such epidemics probably occur more frequently than they are described as doing."

Professor Robert A. Gunn, M.D., New York, in his work "Vaccination: Its Fallacies and Evils," says, page 13, "Every physician of experience has met with numerous cases of cutaneous eruptions, erysipelas and syphilis which are directly traceable to vaccination, and if these could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn to portray the horrors of smallpox."

Then we have the weighty testimony of Dr. Charles Creighton, in his "Natural History of Cowpox and Vaccinal Syphilis." On page 124, he says: "The origin of vaccinal syphilis remains, as Bohn says, 'shrouded in mystery'. Readers who have followed my argument hitherto will not be surprised if now I claim the phenomena of so-called vaccinal syphilis as in no respect of venereal origin, but as due to the inherent, although mostly dormant, natural history characters of cow-pox."

Dr. Walter R. Hadwen, M.D., Licentiate Royal College of Physicians, and one who has probably seen as much smallpox as any medi-

cal man in whole United Kingdom, said in his address before the American Medical Liberty League, Chicago, September 15, 1922: ". . . What disease does cow-pox bear analogy to? The only disease to which cow-pox bears analogy is syphilis, the foulest disease upon the face of the earth. And because it does bear analogy to syphilis, because it does go on through all the stages of syphilis,—the roseola or rash of vaccination is practically a syphilitic rash—the ulceration of vaccination is nothing but syphilitic chancre. I have seen it eat through the tissues to the bone. I have seen child after child die a lingering death as the result of this vile crime against society. And that is why I came to the conclusion that, cost me what it would, I would fight to the very death that this iniquity should be done away with, and I never rested until at least we compelled the government of England to give us a compromise that every person who declared that he had conscientious objection to vaccination was free from any penalty that might be imposed."

Mr. William Tebb, F.R.G.S., in his "Recrudescence of Leprosy and its Causation," says: "So far as transference of syphilis and other deadly diseases is concerned, we know that this can be done with lymph of unimpeachable quality and without the admixture of blood."

Tuberculosis is one of the most common diseases resulting from vaccination, and its degeneration of cellular tissue. Aside from this disintegrating process that the virus may cause, whether containing consumptive matter or not, it is a disease to which the cow is most liable, and it has been proven by various experiments that this disease is often not detectable in the animal until post-mortem examination.

In the *Medical Times and Gazette*, London, January 1, 1854, we find that consumption "has widely spread since the introduction of vaccination, and within ten years (ending 1853), had slain 68,204 victims in the metropolis alone."

Some twenty years later, Dr. Bray in a public speech delivered at Market Rasen, (England), 1876, stated: "Facts have accumulated to show that since vaccination has become the law of the land, consumption, which before was comparatively unknown in this country, had, as it were, become an inheritance in certain families. The pure lymph, perhaps obtained from the greasy heels of a dismal old horse, was identical with the matter ejected from the lungs of a consumptive person. . . . Vaccination was applied to the arm, but the poison diffused itself rapidly into the lungs, the blood, the stomach, and even the brain."

Dr. Perron, Officier de la Legion d'Honneur, published an article of great importance in the *Gazette Hebdomadaire des Sciences Medicales*, which was translated and published in the *Vaccination Inquirer*, December 1890 and January, 1891. A few extracts read as follows: "The possibility of conveying tuberculosis to man in the act of vaccination was long ago pointed out. Tuberculosis has, in fact, a special predilection for the bovine race which yields us our vaccine. There are few of these animals that escape its attacks. . . . If we now turn back and examine the events of the last century or so, we can show a constant increase of tuberculosis, a fact never hitherto explained satisfactorily. There was a time when this malady existed only as an exceptional thing; now, actually, in spite of the incessant progress in public and private hygiene, in spite of all the material improvements that have been made, it tends more and more to rise to the rank of a pestilence. It should be remarked that it strikes by preference at the young lives, that is those who are, nevertheless, at the age when physical resistance to morbid causes is the strongest. Now, a malady which originates in exhaustion, in vital poverty, should display its power in the inverse order, and should fall most heavily on the old.

"Side by side with this growing extension of tuberculosis, we see developing, "*pari passu*," and in the same period of time—that is to say, since the beginning of the century—the practice of vaccination.

"In all European armies vaccination is the order of the day. On their arrival with their corps, the young soldiers are carefully vaccinated. Now the military statistics of all countries show an enormous proportion of various forms of tuberculosis among soldiers, especially during the first and second year after their enlistment."

In the *Keighly Herald*, July 8, 1910, an article by "Retired Medico" on "Consumption's Cause," says in part: ". . . This subject is a grave one for the people, for it entails the vital question of whether we are not doing our best still, through vaccination—I leave the merits and demerits of vaccination to others—to propagate the growth of the greatest twentieth century scourge—consumption."

In a paper on the "Great White Plague," read at the annual meeting of the Connecticut Medical Union, Waterbury, Conn., June 1, 1910, L. W. Andersen, M.D., said in part: ". . . that tuberculosis will continue to exist and increase as long as the virus of animals, more or less impregnated with tuberculosis, is injected into the human blood."

In connection with this subject, we may compare the countries, Japan and England. Japan, which has had increasing vaccination, had an increased death rate from tuberculosis of 50 per cent, from 1886 to 1909. While in England, where vaccination had greatly decreased, the death rate from tuberculosis went down in like ratio.

Dr. Kitasato, representative of Japan at the Sixth International Congress on Tuberculosis, which met in Washington, in 1908, said in referring to the great prevalence of tuberculosis in his country: ". . . The statistics show that it (tuberculosis) is tending to spread more widely in Japan. Cases of tuberculosis in children for instance, which had been rarely known in times past, have markedly grown in recent years."

Since the United States took possession of the Philippines and vaccination was made compulsory, tuberculosis has increased over 100 per cent in Manila.

"In 1902, tuberculosis constituted about 9 per cent of the total mortality. At the present time it constitutes over 21 per cent." (Report 1917, page 9). Tuberculosis of all forms in Manila, in 1903, caused 902 deaths; in 1918 the mortality from this disease had increased to 2,264. And this increase has come in spite of the enforcement of strict sanitary measures,

including cleaning, whitewashing, and the clearing away of old vaults and cess-pools.

It is the conviction of many authorities that the enormous increase in cancer is due largely to vaccines and serums. In an article printed in the *Truth-Teller*, December 7, 1922, Dr. F. P. Millard, President of the National League for the Prevention of Spinal Curvature, Toronto, says: "We have every reason to believe that the present system of vaccinating and serumizing the people is directly responsible for the great increase in the death rate from cancer.

"We have been collecting statistics from Coast to Coast, from North to South, during the last few years, in connection with the scoliotic conditions, and we find that weakened constitutions, curvatures, and the early wearing of glasses, and a great number of disorders are directly traced to the introduction of vaccine into the arms or limbs of children. . .

"Ten per cent of the patients I treat in a year's time come to me through the effects of vaccine or serums."

One of the greatest specialists in leprosy, Dr. Sir Leonard Rogers, has admitted in an article printed in the *British Medical Journal*, June 24, 1922, that it is possible to communicate leprosy through vaccination, stating that in "parts of the Sandwich Islands leprosy did

undoubtedly spread widely. Leper centers developed, after vaccination, in numerous places where it previously had been unknown, and the same relationship has been reported in Mexico."

Mr. William Tebb, F.R.G.S., in his "Recrudescence of Leprosy and its Causation," presents startling evidence of the inoculation of leprosy through vaccination. Mr. Tebb's researches into this subject were world-wide, and the evidence he has collected is that of the highest medical authorities on leprosy. Among introductory quotations is the following: "The fact that leprosy may be inoculated, I consider to be proved as much as any fact in medical science."—Dr. R. Hall Bakewell, Physician to the Leper Hospital, Trinidad.

Mr. Tebb states that "The most distinguished names in the profession have testified to vaccination being the certain vehicle for the dissemination of leprosy. These names include Sir Erasmus Wilson (sometimes called the father of dermatologists); Dr. John D. Hillis; Dr. Liveing; Sir Ranald Martin; Professor W. T. Gairdner; Dr. Tilbury Fox; Dr. Gavin Milroy; Dr. R. Hall Bakewell, formerly physician to the Leper Hospital, Trinidad; Dr. A. S. Black, of Trinidad; Dr. Edward Arning; Dr. Walter M. Gibson, late President of the Honolulu Board of Health; Professor H. G.

Piffard, New York; Dr. A. M. Brown, London; Dr. Frances Hoggan; Dr. Blanc, Professor of Dermatology, University of New Orleans; Dr. Bechtinger, of Rio; Professor Montgomery, of California; Dr. Sidney Bourne Swift, late Medical Director, Leper Settlement, Molokai, Hawaii; Dr. P. Hellat, St. Petersburg; Professor Henri Leloir, Lille; Dr. Mouritz; Surgeon Brunt; Dr. John Freeland, Government Medical Officer, Antigua; Dr. S. P. Impey, Superintendent Leper Asylum, Robben Island, Cape Colony; and many others. On the subject of leprosy there are no higher authorities."

Leprosy is undoubtedly the most horrible disease afflicting the human race. And yet, in spite of the above authorities testifying as to its dissemination through vaccination, the medical profession, as a whole, is doing all in its power to make vaccination compulsory.

Let us here have the opinion of several authorities on vaccination. And by authorities I mean men who have given both sides of the question considerable time in exhaustive and unbiased study.

There are few of these men who have not approached the subject of vaccination very much in its favor, and it was only the weight of evidence which they, themselves, found against it which led many of them to write ar-

ticles and books exposing the injuries of its vile practice.

Dr. Charles Creighton, a recognized authority on epidemiology, and at that time a strong pro-vaccinist, was selected by the publishers of the *Encyclopedia Britannica*, ninth edition, to write the article on vaccination. Though satisfied as to the merits of vaccination, Dr. Creighton set about making an exhaustive research into the subject. When his study was completed there was no doubt in his mind as to the danger of vaccination to health and life. His article in the *Encyclopedia* created a sensation in the medical world. And what will be thought by the fair-minded when the fact is pointed out that the article on vaccination in the last current edition of the *Britannica* was written, not by one professionally disinterested in the subject, but by a man who is a manufacturer or inventor of vaccine virus, Dr. S. Monckton Copeman of London, a strong pro-vaccinist.

Dr. Creighton, on pages 352, 353 and 354 of "Jenner and Vaccination," says: "The anti-vaccinationists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries or fatalities in their own families or in those of their neighbors. Whatever their motive, they have scrutinized the evidence to some

purpose ; they have mastered nearly the whole case ; they have knocked the bottom out of a grotesque superstition. The public at large cannot believe that a great profession should have been so perseveringly in the wrong. . . . The profession as a whole, has been committed before now to erroneous doctrines and injurious practices, which have been upheld by its solid authority for generations. . . . Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority. That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious."

When Dr. Creighton's article, which was based on statistics, was brought to the attention of Professor Edgar M. Crookshank, M.D., bacteriologist of King's College, he determined to assail it from the stand-point of science. The results of his further inquiry into the subject culminated, however, in perhaps the most complete text-book on vaccination ever published, "The History and Pathology of Vaccination," in which he says: "As the result of an investigation into the history, and especially the pathology of vaccination, I feel convinced that the profession has been misled by Jenner, Baron, the Reports of the

National Vaccine Establishment, and by a want of knowledge concerning the nature of Cow Pox, Horse Pox and other sources of vaccine lymph. Though in this country vaccine lymph is generally taken to mean the virus of Cow Pox, yet the pathology of this disease, and its nature and affinities, have not been made the subject of practical study for nearly half a century. We have submitted instead to the purely theoretical teaching, and have been led to regard vaccination as inoculation of the human subject with the virus of a benign disease of the cow, whereas the viruses in use have been derived from several distinct and severe diseases in different animals." (Vol. I, page 463.)

Professor Alfred Russel Wallace, well known author of many scientific works, though formerly supporting vaccination, became one of its strongest antagonists after a study of the history and statistics of the subject. In his work "The Wonderful Century," he says, page 313: "The conclusion is in every case the same; that vaccination is a gigantic delusion: that it has never saved a single life: but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved sufferings, that it will be classed by the coming generations among the greatest

errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."

Dr. James J. Garth Wilkinson, M.D., M.R.C.S., London, author of several scientific works, states, after eighteen years of investigation. "Not denying other forms of social wickedness, I now, after careful study, regard vaccination as one of the greatest and deepest of all forms, abolishing the last hope of races, the new-born soundness of the human body.

"This is blood assassination, and like a murderer's life. The point, however, here is that this amazing act is the homicidal insanity of a whole profession." ("On Human Science, Good and Evil.")

C. Killick Millard, M.D., D.S.C., an Englishman, who has made a careful study of vaccination, in his work "The Vaccination Question in the Light of Modern Experience," says: "It cannot be denied that vaccination causes in the aggregate, very considerable injury to health, most of it only temporary, but some permanent . . . In addition to the deaths certified as directly due to vaccination there are certainly others due to it which are not so certified. In any case we have no official statistics as to the number of children whose health

has been temporarily or permanently injured short of a fatal result . . . We must never forget that vaccination is an evil. Vaccinia is just as much a disease as smallpox . . .”

Dr. Carlo Ruata, M.D., in a public address made in November, 1898, at the opening session of the University of Perugia, Italy, where he was professor of *Materia Medica*, said: “Vaccination is a monstrosity, the misbegotten offspring of error and ignorance; and, being such, it should have no place either in hygiene or medicine.”

Later, on charge of having led the people of Italy to evade vaccination laws, Dr. Ruata was arraigned in the Pretor’s court at Perugia. Acting as his own attorney, he ably defended himself and was exonerated. Dr. Ruata’s defense reads in part: “Were it not for this calamitous practice, smallpox would have been stamped out years ago and would have wholly disappeared; and now tell me if it is not necessary—nay, if it is not an imperative duty on the part of one who sees these things—to cry out to the house-tops, to the nations and to their legislators, to everyone: ‘Believe not in vaccination; it is a world-wide delusion, an unscientific practice, a fatal superstition, with consequences measured today, one hundred and sixteen years after its birth,

by thousands of dead and wounded, by tears and sorrow without end.' ”

After reading this consensus of authoritative opinion of the injurious effects of vaccination, the question naturally arising in the mind of the reader is—“Why does the medical profession as a whole support such a practice?”

A peculiarity of the medical profession is its ready acceptance of new absurdities and its tenacity in holding fast to its past traditions. This has always been so. In the past, the doctors have held just as firmly to other injurious practices and held to them for generations.

The potency of vaccination is so strongly impressed on the mind of the medical student, that he does not question the truth of the teaching, or if he does, he has more diplomacy than to venture a contrary opinion. This unquestioning acceptance of professional dogma is not confined to students and younger doctors. Whereas there are many physicians who have faced the scorn of their colleagues, lost their professional standing and given up their practice because of such utterances, there are few who would break that professional bond in the face of the consequences.

Then there is the economic side of the question, which, while not a controlling influence,

does bear considerable weight. Aside from the fees paid to the doctor for vaccination, the following facts must not be overlooked: that according to Charles M. Higgins, who has gathered accurate statistics on the subject, "The latest official reports show that there are now ninety-nine concerns licensed by the United States government to manufacture vaccines and serums for both human and animal uses. These ninety-nine concerns have a capitalization of about fifty millions or more. One of the largest of these manufacturers, located in Detroit, has a capital of ten millions, while another large concern in Philadelphia has a capital of two millions." (From "Horrors of Vaccination".)

These statements are self-evident in suggesting the measures that would be resorted to in keeping vaccines and serums before the public.

The following article by Dr. W. S. Rankin, Secretary of the North Carolina Board of Health, reported in the Journal of the American Medical Association, November 4, 1922, expresses openly this underlying motive of the medical profession in wishing to keep up vaccination and inoculation. Dr. Rankin says: "Last year we inoculated 70,000 persons against typhoid fever, and 1,000 children between 6 and 12 years of age against diph-

theria. The county commissioner paid the local practitioners 25 cents for each complete inoculation and that was \$20,000 which went to the profession last year which otherwise would not have been received.

"The work of the medical profession with the State Board of Health does not stop when that \$20,000 is paid. It goes on. In the dispensaries which were conducted in Union County, N. C., with 35,000 people, the physicians vaccinated 10,000 people in a campaign of five weeks. That was \$2,500 paid to twenty physicians—only \$125 each, but think of the effect on the business of the profession in keeping up that work. It goes on."

Below are the opinions of several men who have made a study of this pecuniary phase of the subject:

"In many cases physicians become interested in the strict enforcement of the law because of fees resulting therefrom . . . In the more populous districts the medical fees resulting from vaccination are an important item . . . It is not claimed that physicians as a rule are governed by this motive. However, this mercenary motive has been the controlling factor in a sufficient number of cases which have come to the attention of this Department to justify the above assertion." Fifth Annual Report, by Andrew S. Draper,

Commissioner of Education, New York State, January 25, 1909, p. 11.

C. Killick Millard, M. D., D. Sc., in his work, "The Vaccination Question in the Light of Modern Experience," says: "I cannot think that it would have made no difference whatever in the esteem in which vaccination is held by medical men, if there had never been a financial consideration. I believe that this consideration has also had its effect on medical opinion in regard to the particular aspect of the question we are now dealing with, viz., the injuries caused by vaccination . . ."

If reforms are to be made in this dangerous practice, they must come, as in everything else, from the laity. And right here we have an almost hopeless situation.

First of all, there is the appalling ignorance and apathy of the public regarding accurate statistical evidence.

We have placed the affairs of health in the hands of doctors and health boards and we accept with unquestioning trust their methods and mandates. With like credulity and complacency we accept the statistics of "health articles" in newspapers and magazines.

These statistics of the medical profession and health boards are not always dependable and should never be accepted without careful verification.

For instance, figures of case fatality are often used by the doctors to their advantage in giving false interpretations to health statistics. Illustrative of this "figure juggling" was a report published by the Serum Institute of Japan, which was exhibited by the Japan-British Exhibition, showing the supposed benefit of antitoxin. Dr. M. R. Levenson has since published this diagram together with the corresponding figures in his work "Inoculations and the Germ Theory of Disease," which read as follows: "In the seven years previous to the use of antitoxin, 1889-1895, there were 30,039 cases of diphtheria and 16,571 deaths or a case fatality rate of 55.2. During the seven years after the use of antitoxin, 1896-1902, there were 112,588 cases with 36,656 deaths or a case fatality rate of 32.6." To be sure there is a reduction in case fatality but there is also an increase of 82,549 cases and 20,085 deaths. In other words, since the introduction of antitoxin in Japan up to the year 1902, diphtheria deaths more than doubled and the number of cases nearly quadrupled. Thus is the credulous public constantly being deceived by misleading statistical evidence skillfully written up by the doctors and health boards.

Dr. Joseph Winters, Professor of Diseases of Children at the New York University, has published a book, "Clinical Observations Upon

the Use of Anti-Toxin in Diphtheria," in which he says regarding statistics that are brought forward by the doctors in their efforts to prove the efficacy of the serum treatment: ". . . The percertnage of mortality is not only misleading, but is absolutely worthless unless accompanied by the actual number of cases reported and the actual number of deaths."

And who compiles even the government statistics? The doctors report all illness and death. Doctors and health boards keep and compile all such records and interpret them to the public. Are these statistics, then, to be relied upon as correct? Let us see what investigators and medical men, themselves, have to say on the subject.

Dr. Henry May, Medical Officer of Health, England, wrote in the Birmingham Medical Review, Vol. III, "In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against him or reflect upon himself in any way. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of the disease as the cause of death. As instances of cases which may tell against the medical man, himself, I will mention erysipelas from vaccination and puerperal fever. A death from the first cause

occurred not long ago in my practice ; and although I had not vaccinated the child, yet, in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death."

In the Medical Observer of 1810 Dr. Maclean says: "Very few deaths from cow-pox appear in the Bills of Mortality, owing to the means which have been used to suppress a knowledge of them. Neither were deaths, diseases and failures transmitted in great abundance from the country, not because they did not happen, but because some practitioners were interested in not seeing them, and others who did see them were afraid of announcing what they knew."

The following is taken from "The Wonderful Century," by Alfred Russel Wallace: "As an example of cases occurring all over the country, Mr. Charles Fox, a medical man residing at Cardiff, has published fifty-six cases of illness following vaccination, of which seventeen resulted in death. In only two of these, where he, himself, gave the certificate, was vaccination mentioned. All of these cases were examined by himself personally. Among those who survived, several were permanently injured in health, and some were crippled for life . . . And if one medical man can record such a mass of injury and disease in which

vaccination was the palpable starting point and certainly a contributory cause, what must be the total mass of unrecorded suffering throughout the whole country? . . . Let this always be remembered in any discussion of the question. The facts and figures of the medical profession, and of Government officials, in regard to the question of vaccination, must never be accepted without verification. And when we consider that these misstatements, and concealments, and denials of injury, have been going on throughout the whole of the century; that penal legislation has been founded on them; . . . we are driven to the conclusion that those responsible for these reckless misstatements and their terrible results have, thoughtlessly and ignorantly, but none the less certainly, been guilty of a crime against liberty, against health, and against humanity, which will, before many years have passed, be universally held to be one of the foulest blots on the civilization of the nineteenth century."

Regarding these false statistics given out by the doctors and the health boards, Charles M. Higgins, New York, in his book "Horrors of Vaccination," issued a public challenge to health departments, which reads as follows: "In order that there shall be no misunderstanding about the serious charge which I

bring against vaccination, as being now actually more dangerous to public health and human life than natural smallpox, and the equally serious charge which I make against vaccinating doctors—who now control our Departments of Health and Vital Statistics—of denying and concealing these facts from the people, I now issue this special challenge to the Departments of Health of the City and State of New York, which cover a population of eleven millions, and with those records I am familiar, that I will undertake to prove from their certificates and vital records, now concealed and withheld from the public, that there have been more deaths from vaccination than from smallpox in every year for the past fifteen years in the City and State of New York. If they deny the truth of these charges I further solemnly challenge them to open their now concealed records to public examination and I will prove the truth of my charges from these records. Will they now dare to deny these charges or will they dare to refuse to open their heretofore hermetically concealed records to give the full medical and statistical truth to the people on these most important points?” Charles M. Higgins, Brooklyn, New York, September 17, 1919.

Another obstacle confronting the laity in any attempts they might make to abolish the use of vaccines and serums is the futility of trying to prove anything against a theory supported by the medical profession. The only evidence accepted is expert evidence, which means the evidence of other doctors; and most doctors are loathe to break that bond of so-called "professional etiquette" by giving evidence against a fellow physician.

In short, the policy of the whole medical profession seems to be a conspiracy to hide its own weakness. Perhaps this is true of all professions, but no other has such direct and unlimited control of health and of life itself.

Vaccination and serum-therapy are the most injurious and dangerous to health and life of any methods of treatment ever devised by the medical profession, a profession which has been proven guilty of causing the deaths of thousands by its gigantic and abandoned mistakes.

Smallpox inoculation and arm-to-arm vaccination are two of these great medical mistakes, formerly approved by the highest medical authorities as harmless and infallible preventives. Yet each was abandoned and prohibited by law as causing disease more dangerous than natural disease.

The authoritative evidence on this subject proves conclusively to the open-minded that these methods of vaccination are no more injurious than the present methods employing glycerinated calf lymph. And the practice of serumtherapy is so injurious and violent that it has frequently been known to kill in from ten to twenty minutes after the injection by what is termed "serum sickness."

The foulest blot ever placed upon the name of science is the teaching that human life can extract health from a sick, poisoned calf or a diseased horse. Before any filthy vaccine or serum could be anything but a disease-breeding injury to human life, the laws of nature must be reversed.

CHAPTER IX.

THE FUTILITY OF VACCINATION AND SERUM-THERAPY IN PREVENTING DISEASE

"Vaccination is a gigantic delusion; it has never saved a single life."—Alfred Russel Wallace.

The argument usually advanced by the pro-vaccinationist, whether he has ever inquired into the subject or not, is this: "That statistics have proved vaccination to be the cause of a tremendous decrease in smallpox."

Granting that the question is one for statistical evidence, the following pages are devoted to authoritative smallpox statistics. And on this point we find the outstanding fact—that every scientific statistician of this country or Europe who has thoroughly investigated correct figures on vaccination has finished his investigations an anti-vaccinationist, convinced that vaccination is futile in preventing smallpox, and that sanitation is the only safeguard for the avoidance of the disease.

Let us first take England as an example. And in order that the reader may have a clear understanding of the growth and development of vaccination and its effects upon the control of smallpox, a synopsis of the principal events

in the history of vaccination in England is given as follows :

- 1798 Jenner published his "Inquiry Into the Causes and Effects of Variola Vaccinae."
- 1807 Founding of the National Vaccine Establishment.
- 1838 19,000 cases of smallpox in London.
- 1840 Vaccination Act passed.
- 1853 Vaccination Act passed, making vaccination of every child compulsory (unless certified as unfit) under penalty of 20s.
- 1861 Vaccination Act passed to facilitate proceeding before justices.
- 1866 1,389 deaths from smallpox in London.
- 1867 Vaccination Act passed. (Is still principal act at present day.) Enlarged the scope of previous enactments; provided for the appointment of vaccination officers to enforce the law.
- 1871 Vaccination again very prevalent. Smallpox mortality in London 7,912 (more than double that of any year in previous century).
- 1875 Public Health Act passed. Beginning of the "Sanitary Era."
- 1888 Bill brought in to abolish compulsory clauses of Vaccination Act; it failed to pass.

- 1889 Royal Commission on Vaccination appointed.
- 1896 Royal Commission issued Final Report recommending modification of compulsion by recognition of "Conscientious Objector."
- 1898 Vaccination Act passed recognizing the "Conscientious Objector."
- 1903 Departmental Committee appointed to inquire into cost of public vaccination, which had become very heavy. This committee reported in 1905.
- 1907 The Local Government Board issued an order reducing the minimum fees for vaccination.
- 1907 Vaccination Act passed enabling father to obtain exemption by making a statutory declaration in place of having to go into court.
- 1908-
- 1914 As a result of the act of 1907, vaccination is becoming more and more neglected. Mortality from smallpox continues to decline and has become a negligible quantity. (Taken in part from "The Vaccination Question," by C. Killick Millard.)

To go back some three quarters of a century before Jenner published his "Vaccination Inquiry," history tells us of the "Variolous In-

oculation," which was introduced into England from Turkey by Lady Mary Wortley Montagu, in 1721. It was widely adopted and practiced until 1728, when it was dropped, owing to the growing prevalence and severity of the disease it was causing. In 1740, the practice was revived and for several years increased the smallpox mortality. Dr. William Farr, Registrar-General, 1857-1867, says in reference to this: "Smallpox attained its maximum mortality after inoculation was introduced. The average annual deaths from smallpox registered in London, 1760-1779, were 2,323. In the next twenty years they declined to 1,740. This disease, therefore, began to grow less fatal before vaccination was discovered, indicating together with the diminution of fever, the general improvement of health then taking place." ("Vaccination and State.")

The above statement is proof of a decided decrease in the smallpox death rate before the introduction of vaccination by Jenner, in 1798. This decrease in the latter part of the eighteenth century and the beginning of the nineteenth century was due to improved sanitary conditions and other beneficial changes in the habits and food of the people. Conditions as they were before and after these changes are

described at length by Alfred Russel Wallace, in "The Wonderful Century," as follows:

"In the early part of the eighteenth century, London was in a condition of overcrowding and general filth which we can now hardly realize. The houses were low and overhung the streets, and almost all had cesspools close behind or underneath them. The streets were narrow, the main thoroughfares only being paved with cobble stones, which collected filth, and allowed it to soak into the ground beneath till the soil and subsoil became saturated. Slops and refuse of all kinds were thrown into the streets at night, and only the larger streets were ever cleaned. The by-streets and the roads outside London were so bad that vehicles could only go two or three miles an hour . . . The effects of a heavy shower in the city are forcibly described by Swift in his usual plain language:

" 'Now from all parts the swelling kennels flow
And bear their trophies with them as they go;
Filths of all hues and odors seem to tell
What street they sailed from by their sight
and smell.'

"Macaulay tells us that down to 1726, St. James' Square, though surrounded by houses of the nobility, was a common receptacle for refuse of all kinds, and that it required an act of parliament to stop its being so used. Hogs

were kept in St. George's, Hanover Square, and in 1760 many were seized as a common nuisance . . . It has been often suggested that the Great Fire of London in 1666 was the cause of the final disappearance of the plague, but how, except that the new houses were for once clean and wholesome, has not, I think, been satisfactorily explained . . .

"When we come to consider how the people lived, the conditions were equally bad. The houses were often sunk below the level of the ground and had very low rooms, as indicated by Gray's lines on the Strand:

" 'Where the low penthouse bows the walker's head,
And the rough pavement wounds the yielding tread.'

"Light and air were shut out by the overhanging of each successive floor, and by enormous signboards projecting over the street; while any effective ventilation was out of the question and, indeed was never thought of. Water had usually to be brought from the public wells or conduits, and was used sparingly.

". . . And in many houses there was an additional peril in the vicinity of the churchyards. In Nicholl's "Illustrations of Literary History" (vol. IV, p. 499), Mr. Samuel Gale is quoted as writing, 1736, as follows:—"In the

churchyard of St. Paul, Covent Garden, the burials are so frequent that the place is not capacious enough to contain decently the crowds of dead, some of whom are not laid above a foot under the loose earth. The cemetery is surrounded every way with close buildings; and an acquaintance of mine, whose apartments look into the churchyard, hath averred to me, that the family often arose in the night time and were forced to burn frankincense and other perfumes to dissipate and break the contagious vapour. This is an instance of the danger of infection proceeding from the corrupt effluvia of dead bodies . . .’

“The general food of the poor and middle classes added greatly to their unhealthiness, and itself caused disease. Owing to the absence of good roads, it was impossible to supply the large population of London with fresh food throughout the year, and, consequently, salt meat and salt fish formed the staple diet during the winter. For the same reason fresh vegetables were unattainable; so that meat, cheese, and bread, with beer as the common drink at all meals, was the regular food, with chiefly salted meat and fish in the winter. As a result scurvy was very common . . . And it continued to be common down to 1783, when Dr. Buchan says, ‘The disease most common in this country is scurvey.’ But very soon

afterwards it decreased, owing to the growing use of potatoes and tea, and an increased supply of fresh vegetables, fruit, milk, etc., which improved roads allowed to be brought in quantities from the surrounding country.

“Now it is quite certain, that the excessively unhealthy conditions of life, as here briefly described, continued with very partial amelioration throughout the middle portion of the century; and we have to consider what were the causes which then came into operation, leading to the great improvement in health that undoubtedly occurred in the latter portions of it and in the early portion of our century. (Nineteenth Century.)

“Beginning with improvements in the streets and houses, we have in 1762, an act passed for the removal of the overhanging signboards, projecting waterspouts, and other such obstructions. In 1766, the first granite pavements were laid down, which were found so beneficial and in the end economical, that during the next half-century almost all London was thus paved. In 1768, the first Commissioners of Paving, Lighting and Watching were appointed, and by 1780 Dr. Black states that many streets had been widened, sewers made, that there was a better water supply and less crowding. From this date onward, we are told in the *Encyclopedia Britannica*

(art. London), a rapid rate of progress commenced, and that since 1785 almost the whole of the houses within the city had been rebuilt, with wider streets and much more light and air . . .

“Then just at that time, began the great improvement in the roads, consequent of the establishment of mail-coaches in 1784. This at once extended the limits of residence for business men, while it facilitated the supply of fresh food to the city. In 1801, London, within the Bills of Mortality, was increased in area by almost 50 per cent, with comparatively little increase in population.”

These improvements of wider, cleaner streets, better housing conditions, sewers, better food, and a general spreading out of the population—are in themselves sufficient to account for the marked decrease in mortality from disease, especially when this decrease directly followed such improvements.

And let it here be noted that diseases other than smallpox decreased at the same time with the same degree of rapidity, so that there must have been a common cause, which was not vaccination.

This is clearly demonstrated in the following table made by Dr. William Farr, and printed in the third report of the British Royal Commission on Vaccination (page 198):

	Deaths per 100,000 living	
	1771-80	1801-10
Fourteen infantile diseases.....	1,682	789
Smallpox	502	204
Fevers	621	264
Consumption	1,121	716
Dropsy	225	113

From the above table we are able to get an accurate idea of the remarkable falling off of disease after sanitary measures were put into effect, and also to compare the decrease of smallpox with that of other zymotic diseases.

There has been an amazing exaggeration of pre-vaccination mortality figures as presented by pro-vaccinists. Alfred Russel Wallace, LL.D., O.M., who has made an exhaustive study of these extraordinary misstatements as well as the actual statistics in question, says in his work, "The Wonderful Century": "The number 2,000 is about the average (annual) smallpox deaths (for London) of the whole eighteenth century, but those of the last two decades, before the publication of Jenner's Inquiry, were 1,751 and 1,786, showing a decided fall. This, however, may pass. But when we come to the report for 1826 we find the following: 'But when we reflect that before the introduction of vaccination the average number of deaths from smallpox within the Bills of Mortality (London) was annu-

ally about 4,000, no stronger argument can reasonably be demanded in favour of this important discovery.'

"This monstrous figure was repeated in 1834, apparently quite forgetting the correct figure for the whole century given in 1818, and also the fact that the smallpox deaths recorded in the London Bills of Mortality in any year of the century never reached 4,000. But worse is to come; for in 1836 we have the following statement: 'The annual loss of life by smallpox in the Metropolis, (London) and within the Bills of Mortality only, before vaccination was established, exceeded 5,000, whereas in the course of the last year only 300 died of the distemper.' And in the report for 1838 this gross error is repeated: while in the next year (1839) the conclusion is drawn 'that 4,000 lives are saved every year in London since vaccination so largely superseded variolation.'

"The next example is given by Dr. Lettsom, who in his evidence before the Parliamentary Committee in 1802, calculated the smallpox deaths of Great Britain and Ireland before vaccination at 36,000 annually; by taking 3,000 as the annual mortality in London and multiplying by twelve, because the population was estimated to be twelve times as large. He first takes a number which is much too high, and then assumes that the mortality in town,

village and country populations was the same as in overcrowded, filthy London. Smallpox was always present in London, while Sir Gilbert Blane tells us that in many parts of the country it was quite unknown for periods of twenty, thirty, or forty years . . . Cross, the historian, of the Norwich epidemic in 1819, states that previous to 1805 smallpox was little known in this city of 40,000 inhabitants, and was for a time almost extinct, and yet this gross error, of computing the smallpox mortality of the whole country from that of London (and computing it from wrong data) was not only accepted at the time but has been repeated again and again down to the present day as an ascertained fact.

“In a speech in Paliament in defense of vaccination, Sir Lyon Playfair gave 4,000 per million as the average London death-rate by smallpox before vaccination—a number nearly double that of the last twenty years of the century which alone affords a fair comparison. But far more amazing is the statement by the late Dr. W. B. Carpenter, in a letter to the “Spectator” of April, 1881, that ‘a hundred years ago the smallpox mortality of London alone, with its then population of under a million, was often greater in a six months epidemic than that of the twenty millions of England and Wales now is in any whole year.’ The facts

well known to any enquirer are—that the very highest mortality (for London) in the last century in a year was 3,922 in 1772, while in 1871 (nearly 100 years after vaccination) it was 7,912 in London, or more than double; and in the same year in England and Wales, it was 23,000.”

Commenting on a chart given by Dr. Crieghton in his great work “A History of Epidemics in Britain,” Mr. Wallace says: “First, taking the period from 1760 to 1800, we see amid great fluctuations and some exceptional epidemics, a well marked, steady decline which, though obscured by its great irregularity, amounts to a difference of 1,000 per million living. This decline continues, perhaps somewhat more rapidly to 1820. From that date to 1834 the decline is much less and hardly perceptible. The period of Registration opens with the great epidemic of 1838, and thenceforward to 1885 the decline is very slow indeed; while if we average the great epidemic of 1871 with the preceding ten years, we shall not be able to discover any decline at all. From 1886, however, there is a rather sudden decline to a very low death rate, which has continued to the present time. Now it is alleged by advocates of vaccination that the decline from 1800 is due to vaccination, either wholly or in great part, and that ‘the marked decline

of smallpox in the first quarter of the present century (nineteenth) affords substantial evidence in favor of the protective influence of vaccination.' This conclusion is not only entirely unwarranted by the evidence on any accepted methods of scientific reasoning, but it is disproved by several important facts. In the first place the decline in the first quarter of the century is a clear continuation of a decline which had been going on during the preceding forty years, and whatever causes produced that earlier decline may very well have produced the continuation of it. Again, in the first quarter of the century, vaccination was comparatively small in amount and imperfectly performed. Since 1854 it has been compulsory and almost universal; yet from 1854 to 1884 there is almost no decline of smallpox perceptible, and the severest epidemic of the century occurred in the midst of that period. Yet again, the one clearly marked decline of smallpox has been in the ten years from 1886 to 1896, and it is precisely in this period that there has been a great falling off in vaccination in London, from only 7 per cent less than the births in 1885 to 20.6 per cent less in 1894, the last year given in the Reports of the Local Government Board; and the decrease of vaccinations has continued since."

In 1898, the Vaccination Act was passed in

England, recognizing the "Conscientious Objector," and since then vaccination has greatly fallen off. Referring to the results of this decrease in vaccination up to 1911, the Hon. John Burns, President of the Local Government Board, made the following statements in the House of Commons, April 12, 1911: "Just as in proportion in recent years exemptions (from vaccination) have gone up from 4 per cent to 30 per cent, so deaths from smallpox have declined . . . During the time that I have had the honor of being at the Local Government Board, the following have been the deaths from smallpox in a city of 4,500,000 inhabitants:—1906, no death; 1907, no death; 1908, no death; 1909, 2 deaths; 1910, no death. So that in five years there have been only two deaths from smallpox in a city of 4,500,000 people."

And so a gradual decrease in vaccination in England has gone on, until today seventy-five per cent of the children born there are unvaccinated; and never in the history of the country has there been so little smallpox.

No better or more conclusive evidence of the futility of vaccination and the efficacy of sanitation can be cited than the results of preventive methods employed in Leicester, England, compared with those of vaccination in other districts.

After twenty years of compulsory vaccination, in 1871-2, Leicester, then a town of 200,000 inhabitants, had a smallpox epidemic with a resulting death rate of 3,500 per million living.

Following this gigantic failure of a supposed preventive measure, the people of Leicester adopted a new policy and for the most part refused to have their children vaccinated. Every precaution of isolation was taken. The town was thoroughly renovated, and every known sanitary measure was executed.

For more than thirty-five years there has been practically no vaccination in Leicester, until now almost 95 per cent of the entire population is unvaccinated, and the comparisons with well vaccinated communities, given on the following pages, are conclusive proof against the value of vaccination.

Leicester has several serious disadvantages. It is not particularly well situated geographically. And aside from this, it is a manufacturing town, a large proportion of the population being made up of the artisan classes.

Several times smallpox has been carried to Leicester, with the result of comparatively few cases.

Dr. C. Killick Millard, Medical Officer of Health, in a letter published in the *London Lancet*, July 22, 1911, says: "We have in Leicester a large industrial town, with over

200,000 inhabitants, which has so completely set the vaccination laws at defiance that in the past 28 years, whilst there have been 155,880 births, only 19,562^{*} vaccinations have been registered, i. e., 12.5 per cent. At the same time, of the last two epidemics, the vast majority, say 80 or 90 per cent of the school children in the town were unvaccinated, together with a large number of the young adults employed in the factories. Smallpox has been repeatedly introduced into the town. It has three times succeeded in establishing itself in epidemic form. In one epidemic as many as 50 cases occurred in one week, and as many as 150 in four weeks. Yet the disease has never caught on amongst the unvaccinated section of the community, nor has it ever been necessary during my term of office to close a school on account of smallpox . . . The Leicester experiment is about as conclusive as the experience of one town can be. It has now lasted for a quarter of a century. It is confirmed by the more recent experience of the country generally, where an increasing neglect of vaccination has not been followed by any evidence of an increase of smallpox generally. I have thought about this question for a good many years, and I may claim to have had some little experience of the subject, having been in the Birmingham

epidemic of 1893-4 before I came to Leicester."

The following table of "Smallpox Epidemics, Cost, and Fatality Rates Compared," is given by J. T. Biggs, in his "Leicester: Sanitation Versus Vaccination":

	Vaccinal Condition	Smallpox Cases	Smallpox Deaths	Fatality Rate Per Cent	Cost of Epidemic
London	Well				
1900-02	Vaccinated	9,659	1,594	16.50	£492,000
Glasgow	Well				
1901-04	Vaccinated	3,417	377	11.03	150,000
Sheffield	Well				
1887-88	Vaccinated	7,066	688	9.73	32,257
Leicester	Practically				
1892-94	Unvaccinated	393	21	5.34	2,888
Leicester	Practically				
1902-04	Unvaccinated	731	30	4.10	1,602

In 1894 Leicester had only seven vaccinations to ten thousand population, while Birmingham had 240, or more than thirty times as many, and the following was the result:

	1891-4	Lei- cester	Birming- ham
Smallpox cases per 10,000 pop- ulation -----		19	63
Smallpox deaths per 10,000 pop- ulation -----		1.1	5

Here we see that Leicester had less than one-third the cases of smallpox and less than one-fourth the deaths in proportion to well-vaccinated Birmingham.

Another comparison may be made with

Warrington, an extremely well-vaccinated town. It is stated in an official report that 99.2 per cent of the population of Warrington had been vaccinated previous to this epidemic.

Epidemic of 1892-3		Lei- cester	Warring- ton
Smallpox cases per 10,000 pop- ulation -----		19.3	123.3
Smallpox deaths per 10,000 pop- ulation -----		1.4	11.4

In this case, the cases are more than six times, and the deaths more than eight times, that of the almost unvaccinated town which depended upon sanitation and isolation for prevention of the disease.

In order that the Leicester method may be put to a crucial test, let us compare that practically unvaccinated population with that of the exceptionally well vaccinated British Army and Navy.

The following diagram was made by Alfred Russel Wallace, the figures being taken from the Final Report of the British Royal Commission on Vaccination:

	Per Million
Army (1873-94) smallpox death rate-----	37
Navy (1873-94) smallpox death rate-----	36.8
Leicester (ages 15-45) smallpox death rate---	14.4

The above table demonstrates the absolute falsehood of statements made by pro-vaccinists as to the immunity of vaccination. Here, we have a body of men, selected for their physical fitness, vaccinated and re-vaccinated, and when

exposed to infection they have no protection, not even that of practically unvaccinated populations. These statistics are indisputable, covering almost a generation in time and including hundreds and thousands in population.

In speaking of how the Commission tried to get around these figures, Mr. Wallace says: "What they do is, to make no comparison whatever with any other fairly comparable populations; to show no perception of the crucial test they have to deal with; but to give the army and navy statistics separately, and as regards the army, piece-meal, and to make a few incredibly weak and unenlightening remarks. Thus, in par. 333, they say, during the late years, as the whole force became more completely re-vaccinated, smallpox mortality declined. But they knew well that during the same period it declined over all England, Scotland and Ireland, with no special re-vaccination, and most of all in unvaccinated Leicester. Then, with regard to the heavy smallpox mortality of the wholly re-vaccinated and protected troops in Egypt, they say, 'We are not aware what is the explanation of this.' And this is absolutely all they say about it."

In concluding the history of smallpox in England, a brief outline of such epidemics since the passing of the Vaccination Act, will prove beyond any doubt the utter futility of

vaccination.

We find the first epidemic coming directly after the act of compulsory vaccination in 1853-58, during which about 20,000 people died of smallpox. After this, the vaccination laws were made even more stringent with the discouraging result that two years following there were 20,000 deaths in a period of three years. In 1867, another Vaccination Act was passed, which more strictly enforced compulsory vaccination; and in 1871-72 England had one of the greatest epidemics of smallpox in history.

It was then that the British legislators commenced to realize the futility of vaccination. In 1875, the Public Health Act was passed and sanitation took hold of the country.

Since then, with ever increasing sanitary measures and a decided falling off of vaccination, smallpox has so declined in England as to be almost a minus quantity.

Probably the most thoroughly vaccinated country in Europe has been Germany.

The Pall Mall Gazette, May 24, 1871, said: "Prussia is the country where re-vaccination is most generally practiced, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result, cases of small-pox are rare."

So we have ample proof of the thoroughness of vaccination in Prussia; and yet in the great smallpox epidemic of 1871-72, directly following this statement, re-vaccinated Prussia had a smallpox mortality of more than double that of England.

Dr. Charles Creighton, in his article on vaccination, *Encyclopedia Britannica*, 9th edition, says regarding this epidemic in Prussia: "Notwithstanding the fact that Prussia was the best re-vaccinated country in Europe, its mortality from small-pox in the epidemic of 1871 was higher (69,839) than in any other northern state."

The city of Berlin had a smallpox mortality of 6,150 per million in 1871, while London had considerably less than half that amount for the same year.

The following table of this same epidemic, compiled by Alfred Russel Wallace from Dr. Pearce's *Vital Statistics* is quite extraordinary in its evidence against the immunity of vaccination:

Name of Town	Year	Smallpox Death-rate per Million
Hamburgh	1871	15,440
Rotterdam	1871	14,280
Cork	1872	9,600
Sunderland	1871	8,650
Stockholm	1874	7,916

Trieste	1872	6,980
Newcastle-on-Tyne.....	1871	5,410
Portsmouth	1872	4,420
Dublin	1872	4,330
Liverpool	1871	3,890
Plymouth	1872	3,000

Here, we find a smallpox mortality in years of extensive vaccination to be greater than it ever was in London before vaccination. It will be remembered that the average annual deaths from smallpox registered in London, 1760-1779 (before vaccination) were 2,323, and in the next twenty years, up to 1799, (the beginning of vaccination) they had declined to 1,740 as an average. (Dr. William Farr, Registrar-General).

Shortly after this frightful epidemic, Germany began to adopt and enforce strict sanitary measures throughout the country. Slum districts were cleaned, sewers were cleared out and a stringent isolation law was passed.

Of these changes, Arnold Lupton, M. P., in "Vaccination and State," says: "There is, however, another explanation of the freedom of Germany from smallpox. Since the great epidemic of 1871-2 the Germans have had drastic laws, efficiently carried out, for isolating smallpox patients, and in order to facilitate the isolation of smallpox patients from the rest of the community they have paid the wages of

a workman in whose family there was a small-pox case, so that he could stay at home. Similar care in other places has proved effective."

Walter R. Hadwen, M.D., in "Vaccination Absurdities and Contradictions," says of these sanitary improvements: "In Berlin there was scarcely a house in the whole city that had not its own privy in the back yard. Open cess-pools were common over the whole place. The barracks for the soldiers were nothing more than filthy dens. The sewage of the city emptied into the river Spree. What did the Germans do when they received the money as indemnity from the French nation they had conquered? They took that money and devoted it to sanitary improvements; they brought good water into their cities, they adopted a new drainage system, and they built model barracks for their soldiers. They got rid of the miserable dens that infected their principal cities, and what was the consequence? Away went the smallpox, flying like the Philistines before the children of Israel. And hence it is that sanitation has done for Germany what thirty-five years of compulsory vaccination could not accomplish. Ever since the year 1871, right on to the year 1888, Germany spent no less than a half million of money (pounds sterling) every year in Berlin alone for sanitary improvements."

The following table, compiled by Arnold Lupton, M. P., in "Vaccination and State," is taken from figures given by the British Registrar-General.

Deaths from Smallpox:

Year	London	Berlin
1904	25	----
1905	10	1
1906	----	16
1907	----	1
1908	----	1
1909	2	1
1910	----	6
1911	9	6
1912	1	4
	—	—
Total	47	36

Since the population of London was approximately 4,500,000 and that of Berlin 2,000,000, the mortality for well vaccinated Berlin was 72 per cent higher than in very much less vaccinated London.

In spite of the thoroughness of vaccination in the German army in the World War, Herr Hoffman in his speech in the Reichstag, March, 1917, stated that there were 30,000 cases of smallpox in Northern Germany at that time. And the London Lancet, September 22, 1917,

stated that smallpox had been prevalent in Northern Germany for the first seven months of that year.

The most thoroughly vaccinated country in the world is Japan. Regarding her vaccination laws, Baron Kanehiro Takaki, formerly Director-General of the Medical Department of the Japanese Navy, wrote as follows in the *London Lancet*, 1906, p. 1441: "There are no anti-vaccinationists in Japan. Every child is vaccinated before it is six months old, re-vaccinated when entering school at six years, again re-vaccinated at fourteen years of age when going to the middle school, and the men are re-vaccinated before entering the army, while a further vaccination is enforced if an outbreak of smallpox occurs."

Such a country, then, should contribute forceful and conclusive evidence for the pro-vaccinists. Such is not the case, however, for Japan furnishes the strongest evidence against vaccination.

The following table taken from "Leicester: Sanitation Versus Vaccination," by J. T. Biggs, enables us to compare the results of this stringent vaccination system employed in Japan with that of Leicester, where vaccination was very little practiced.

	Period	Smallpox		Fatality Rate Per Cent of Cases
		Cases	Deaths	
Japan -----	1886-1908	288,799	77,415	26.8
Leicester (since giving up vac- cination) ----	1880-1908	1,206	61	5.1

Here, we see that Japan with her stringent vaccination has a fatality rate of more than five times that of Leicester.

Though more perfectly vaccinated than any other country, Japan had more smallpox and a greater smallpox mortality for twenty years (1889-1908) than any other country in the world. The cases in Japan during that period numbered 171,500 with 48,000 deaths, making a mortality of 28 per cent. (Official Statistics given by S. Kubota, Director of the Sanitary Bureau of the Department of Home Affairs, Tokyo, and quoted in "Both Sides of the Vaccination Question," by Pitcairn and Schamberg.)

Compare this mortality of 28 per cent with the 18.8 per cent, which was that of the pre-vaccination times. (Article on Vaccination, by Charles Creighton, M.D., Encyclopedia Britannica, 9th Edition.)

Perhaps the argument most used by American pro-vaccinationists is the Philippines under American control.

However, as has been the case with other evidence produced by the pro-vaccinationists, when

accurate statistics relating to the question are collected and carefully studied, the results of vaccination in the Philippines furnish one of the most forceful arguments against the practice.

When the United States took control of the Philippines, sanitation was almost unknown to them. Half of the residences of Manila were nipa houses,—a kind of thatched shack,—each of which sheltered from eight to twelve people. There was no drainage system, with the exception of open gutters, and as a result, a mass of filth and garbage floated out into the streets during heavy rains. Of these conditions, Col. L. M. Maus, Commissioner of Public Health for the Philippines in his Official Report ending July 31, 1902 (3rd report of the Philippine Commission, page 309), says: "Little or no attention was paid to sanitation . . . The sanitary condition of the city of Manila, at the date of the American invasion, resembled that of European cities in the 17th century."

In the Health Service Report for 1903, we find the following evidence of these horrible conditions: "Pigs and dogs live in the houses. Pigs wallow in and eat human excreta under houses and elsewhere . . . Dead bodies are often buried but a few inches underground."

As soon as the American Occupation was complete the newly appointed Board of Health

of the Philippines adopted and enforced the most stringent sanitary measures. Provisions were made for lighting and ventilating of houses, for drainage, and care of garbage. In short, there was a general cleaning up of the islands. The Report of the Philippine Commission for 1903 states that the city of Manila "has been brought into a sanitary condition never approached under the previous administration, and its death rate so reduced as to compare favorably, not only with that of other tropical cities, but even with that of many cities in the United States."

The Health Inspector of the Province of Tayabas, reports of the town, San Narciso (part 2, p. 205): "Smallpox, none. Vaccination not thorough, owing to lack of virus."

The Health Inspector of the Province of Ambos Camerines reports of the town Cabusan (part 2, p. 208): "Streets and houses are clean. Offal is carried to the edge of town and burned . . . Smallpox—no cases. No vaccination thus far."

Then, along with sanitation came vaccination. So thoroughly was vaccination carried out in the Philippines that in 1921, the official vaccinations performed for the 18 previous years amounted to 36,656,325 on a population of from 8,000,000 to 10,000,000.

Previous to the American Occupation, we find in Government Reports, that the disease was unusually non-fatal, "about 5 per cent. Never above 10 per cent," these reports tell us. In 1907, after several years of compulsory vaccination, the disease became highly virulent and fatal.

Victor G. Heiser, M.D., Chief of the Philippine Health Service, says, Report 1908: "Experience has shown conclusively that the islands are literally saturated with the infection of smallpox.

"The principal feature of surprise in the recent smallpox outbreaks was its virulence."

And in the same report he regrets that he has been able to make "little sanitary progress this year," as he has been so fully occupied "combating cholera, smallpox, diphtheria and measles."

The Report for 1909, gives a total of 7,852 smallpox deaths reported. 7,852 deaths from smallpox, after Dr. Heiser's assuring report in 1907, two years previous, in which he says: "Vaccination is one of the most accurate and triumphant discoveries of modern science. These figures (referring to vaccination figures) probably represent a greater number of vaccinations than have ever been done in any country in a similar period heretofore. The

complete cessation of smallpox in the provinces in which the people have been thoroughly vaccinated is the best answer to the efficacy of vaccination."

The best answer to the efficacy of this great number of vaccinations which Dr. Heiser referred to, came two years later in the 7,852 smallpox deaths.

Passing over several years in which there were several severe outbreaks of smallpox, we come to 1918, the year in which the great epidemic began. In 1918, there were recorded 47,887 smallpox cases and 16,578 deaths, with 3,718,963 vaccinations for the same year. In 1919, the doctors "improved the service," and administered 7,638,193 vaccinations, and for the same year there were 99,300 cases of smallpox with 47,395 deaths. This gives a death rate average of over 47.7 per cent. Compare this figure with the 5 to 10 per cent, stated in government records as being the average death rate from smallpox in the islands before the compulsory vaccination. Also, compare it with 18.8 per cent, the authoritative fatality rate of pre-vaccination times.

After regarding the foregoing pages, all of which can be verified by Official Reports, one is amazed at the assertions made by Dr. W. A. Evans, a strong pro-vaccinist, in one of his copyrighted syndicated articles, printed in the

Chicago Tribune, November 17, 1922, entitled "Philippine Smallpox." Dr. Evans writes as follows: "Since about 1900, there has been but little vaccinating done among the Filipinos."

The following vaccination figures are taken from the Official Reports:

Official vaccinations, including Manila (population 8,000,000 to 10,000,000. Last figure, census of 1920)

1903 (estimated on distributed units 1,161,909)	1,000,000
1904 (estimated on distributed units 1,869,710)	1,500,000
1905 (estimated on distributed units 3,034,900)	2,700,000
1906	1,245,893
1907	2,072,380
1908	1,686,767
1909	1,817,872
1910	1,194,633
1911	1,167,984
1912	1,404,473
1913	1,541,095
1914	1,540,913
1915	1,227,471
1916	755,701
1917	920,238

Total 15 years21,775,420

So, that instead of the "little vaccinating done among the Filipinos," as stated by Dr. Evans, we find there were 21,775,420 officially reported vaccinations up to 1918, the year of the great epidemic.

Dr. Evans further states: "Investigation shows that there had been practically no effective vaccination done since 1913." Not effective, in the sense of controlling smallpox, but one has only to refer to the above chart to convince himself that there was considerable vaccinating in the Philippines from the year 1913 to 1918.

In another statement, Dr. Evans says: "A large part of the wilder, outlying population and practically all of the child population were unvaccinated."

Granting that the first part of this statement were true; we have it from statistical records that the epidemic did not break out in the remote and outlying regions, and that it did not appear there until after vaccinations were performed. The epidemic started in Manila, which was then the best vaccinated city in the world.

Report 1918, page 115 reads: "The original source of the epidemic was in the city of Manila, and from this center it invaded the provinces around the city. The province of Rizal (in which Manila is located) contributed the

largest share to the epidemic. The province of Rizal also recorded the highest mortality, 67.24 per cent."

The following figures are taken from Official Reports:

Manila Vaccinations (U. S. took charge Oct. 25, 1898)	Average population 220,000 or less
1898 (two months)	10,477
1899	103,931
1900	60,592
1901	73,891
1902	133,803
1903	154,209
1904	151,463
1905	120,121
1906 (estimated) units distributed to Manila 20,117	18,000
1907 (estimated) units distributed to Manila 107,450	92,000
1908 (estimated) units distributed to Manila 91,562	78,000
1909 (estimated) units distributed to Manila 173,400	148,000
1910	41,799
1911	72,120
1912	85,276
1913 one and one-half years (fiscal year changed to coincide with cal- endar year)	104,915

1914	79,640
1915	48,588
1916	55,973
1917	81,390

Total to epidemic years.....1,714,685

The above figures show that Manila, which according to Government Report was "the original source of the epidemic," was well vaccinated.

In refutation of Dr. Evans' statement, "and practically all of the child population was unvaccinated," we have the statement of Surgeon and Director John D. Long, Report 1915, "Notwithstanding the above described condition of smallpox in the city (Manila), vaccination was, as usual, performed throughout the city." And he gives the groups subject to vaccination as follows:

"(a) Unprotected infants one month of age or over.

"(b) Unprotected people of the city or elsewhere.

"(c) Public and private schools, colleges and institutions."

It is hard to believe, then, that there were many children, past two years, anyhow, who had escaped vaccination.

These appalling misstatements of Dr. Evans are only a few of the many that are filling

our newspapers and magazines, thereby misleading the unwary public into the belief in a practice which is as inefficacious as it is injurious.

In the Official Report for 1920, after 11,357,156 vaccinations had been performed in the two previous years (1918-1919), we find recorded 15,857 smallpox cases with 7,197 deaths.

In concluding the Philippine argument, no more fitting comment could be made than that found on page 141 of the Philippine Health Service Report of 1920: "From the time in which smallpox was practically eradicated in the city of Manila to the year 1918 (about nine years), in which the epidemic appeared certainly in one of its severest forms, hundred after hundred of thousands of people were yearly vaccinated with the most unfortunate result that the 1918 epidemic looks *prima facie* as a flagrant failure of the classic immunization towards further epidemics."

The United States Public Health Service has been drawing attention to the fact that smallpox in this country was unusually prevalent in 1920. In our population of 110,000,000, we had for that year 420 deaths from smallpox as compared with 7,197 deaths in the Philippines, which have a population of 10,000,000. And no one claims that the United States is well vaccinated in comparison.

Statistics show the dire failure of vaccination in protecting our troops in the Philippines in the years 1898-1902. In proof of their vaccination, we have the following, (from a paper on the Expedition to the Philippine Islands, May 27, 1898, to April 27, 1899, by Lieut.-Col. Henry Lippincott, U.S.A., Chief Surgeon, Department of the Pacific and Eighth Army Corps, printed in the Philadelphia Medical Journal, April 14, 1900): "Vaccination and revaccinations many times repeated went on as systematically as the drills at a well regulated post . . . I believe I can say that no army was ever so carefully looked after in the matter of vaccination as ours, and that the Department Commander, General Otis, fully alive to the necessity, did everything in his power to make our work possible and effective."

And yet, according to the figures of the Surgeon-General of the Army, there were 737 cases of smallpox with 261 deaths among our soldiers in the Philippines during the years 1898-1902, or a mortality of 35 per cent, almost double that of pre-vaccination times.

The following excerpts taken from the Report of the Chief Surgeon of the A. E. F. in the late World War and printed in the United States Public Health Reports for March 28, 1919, entitled: "Typhoid Vaccination No Sub-

stitute for Sanitary Precautions," show the absolute failure of typhoid vaccination in the United States army:

"In July, 1918, a replacement unit consisting of 248 men from Camp Cody, N. Mex., reached England with typhoid prevailing extensively; 98 men, or 39.5 per cent, had typhoid and the case death rate was 8.42 per cent.

"In August, 1916, a small but severe epidemic occurred in a detachment of engineer troops stationed at Bazoilles. In this unit 15 cases of typhoid occurred, with a death rate approximating 10 per cent.

"During the Chateau-Thierry offensive diarrheal diseases were very prevalent in troops engaged—approximately 75 per cent. It was demonstrated bacteriologically in this area that the prevailing intestinal diseases were simple diarrhea, bacillary dysentery, typhoid, paratyphoid A and B.

"Following the offensive in the Argonne sector, typhoid and paratyphoid began to be reported from practically all divisions engaged in that offensive . . . More than 300 cases of typhoid-paratyphoid may be attributed to the Argonne offensive. Eight hundred and seventy-four typhoids and paratyphoids have been reported in the American Expeditionary Forces since October 1, 1918.

"A small but severe epidemic occurred in the Joinville concentration area in December and January. In a group of medical department units (evacuation and mobile hospitals and sanitary trains) concentrated there, seventy-five cases occurred, with a case death rate of approximately twenty per cent.

"The records of this office show that patients with typhoid have passed successively through camp, field, evacuation and base hospitals without any documentary evidence that typhoid or paratyphoid was even suspected. There are records of a stay of two weeks or more in a single base hospital without diagnosis, and not a few records are on file that it remained for the pathologist to make the diagnosis at the autopsy table.

"Many cases originally diagnosed as influenza in the American Expeditionary Forces have subsequently proven to be typhoid.

"Intestinal types of supposed influenza should always be considered as possible typhoid until proven otherwise.

"The frequency with which typical, mild, unrecognized cases of typhoid and paratyphoid fever have occurred in the American Expeditionary Forces among vaccinated men makes it absolutely essential to surround all such cases of undetermined fever with the same precautions which it is found necessary

to apply to established typhoid and paratyphoid patients, to avoid contact infections in the wards among other patients and hospital personnel.

"Several protocols have been received in which the complete pathological and bacteriological pictures of typhoid fever were recorded, but the cause of death was entered as 'peritonitis,' 'perforation of the intestine,' 'bronchopneumonia,' 'acute enterocolitis.'

"Typhoid fever is increasing in the American Expeditionary Forces, so are the paratyphoid fevers.

"Vaccination is a partial protection only and must be enforced by sanitary measures."

Notwithstanding compulsory vaccination against smallpox, typhoid and paratyphoid in the United States Army, there were reported 768 cases of typhoid in 1918; 624 cases of smallpox; 73 cases of paratyphoid A, and 34 cases of paratyphoid B.

So we have it from the report of the Chief Surgeon, that vaccination does not protect where conditions are unsanitary; that cases of typhoid and paratyphoid were wrongly diagnosed;— and that many cases of death from typhoid were reported as being caused by some other disease.

During the last great smallpox epidemic of New York City in 1901 and 1902, printed cir-

culars were issued to doctors by the City Department of Health, in which it was admitted that most of the cases of smallpox were in persons previously vaccinated. An extract from the circular reads as follows: "Experience in the recent outbreaks in New York City, contrary to general opinion, has shown that the majority of cases occurring here are not in unvaccinated persons, but in those who have been vaccinated successfully some years previously."

This statement is signed by Dr. Ernest J. Lederle, Commissioner of Health, and Dr. Hermann M. Biggs, Chief Medical Officer. Dr. Lederle has since become a manufacturer of vaccines in New York City.

Among those whose opinions on such subjects are highly regarded, Herbert Spencer was one to strongly oppose vaccination. Long ago, after the first Compulsory Vaccination Act in England, he pointed out that this act had led to an increase in smallpox.

There are few who have given reliable statistics on vaccination a careful study and investigation, but the unprejudiced who have done so have invariably finished their study strongly opposed to its practice, both because of its fatality and its futility.

The following are the opinions of a few of those authorities who have become convinced

that vaccination, aside from its injuries to health, is ineffectual in preventing smallpox and that sanitation is the only safeguard.

Sir B. W. Richardson, M.D., F.R.S., says: "Inoculation is bad sanitation."

Sir John Simon, M.D., F. R. S., said: "For the permanent avoidance of epidemic diseases, cleanliness is the sole safeguard." City of London Health Reports. Vol. I, p. 133.

Arnold Lupton, M.P., (England): "Surely it is not worth while risking poisoning the blood, for the sake of preventing ten deaths which occurred in 1907, even if it could be proved that the operation could prevent them, which I deny, for I have shown that it does not prevent any deaths. Since 25 million of the people are practically unvaccinated, the low death rate from smallpox can have nothing to do with vaccination."

Professor Adolph Vogt, M.D., who held the chair of Sanitary Statistics in the University of Berne, was one of the statistical experts testifying before the British Royal Commission. Dr. Vogt said: "After collecting the particulars of 400,000 cases of smallpox, I am obliged to confess my belief in vaccination is absolutely destroyed: vaccination transmits filthy and dangerous diseases without offering any protection whatever."

George Cordwent, M.D., Deputy Coroner for West Somerset, England, and for twenty years a public vaccinator, testified to the Royal Commission: "Vaccination should not be practiced. I see no justification for it."

Dr. Charles Creighton, recognized authority on epidemiology, stated before the British Royal Commission: "In my opinion, vaccination affords no protection against smallpox." (Question 5,430.)

Professor Crookshank, M.D., in his "History and Pathology of Vaccination," says: "Unfortunately, a belief in the efficacy of vaccination has been so enforced in the education of the medical practitioner that it is hardly probable that the futility of the practice will be generally acknowledged in our generation, though nothing would more redound to the credit of the profession and give evidence of the advance made in pathology and sanitary science. It is more probable that when, by means of notification and isolation, smallpox is kept under control, vaccination will disappear from practice, and will retain only an historical interest."

The following article printed in the London Times, September 1, 1922, brings a ray of hope from England. The article reads in part: "The public during the past few years, has had rather an overdose of the medical profession

and is not particularly friendly towards it . . .

"It is unlikely, for example, that in 1925 many people will still believe in indiscriminate vaccination for every ill to which flesh is heir. That bubble, stretching very thin even now, will then have burst. And happily there does not, at the present moment, seem to be any really vigorous substitute in sight . . ."

Utah, North Dakota and Minnesota have voted out compulsory vaccination.

In 1901 a law was passed in the state of Utah making compulsory vaccination unlawful. Utah is one of the healthiest states in the Union according to federal statistics, and it stands last in the Union in the number of deaths from cancer.

The law passed in North Dakota, making compulsory vaccination illegal, was the outcome of a Supreme Court Decision in that state, in the case of Lawrence F. Rhea vs. Board of Education of Devil's Lake. The court in that case held that school officers were not authorized to exclude children from school on the grounds of non-vaccination.

Justice Robinson, in writing an opinion of the case, said in part: ". . . We must consider not only the statutes, but also the origin and nature of smallpox. It is a disease which originates in filth, the crowding of the people together, the lack of pure air, good food and

good sanitary conditions. It prevails and becomes epidemic in countries only where the population is dense and sanitary conditions are bad. It was in such countries and in days when sanitation was unknown, that the doctrine of vaccination was promulgated and adopted as a religious creed. Gradually, it spread to other countries where conditions are so different that vaccination is justly regarded as a menace and a curse, and where, as it appears, the primary purpose of vaccination is to give a living to the vaccinators. In this great northwest the disease has never prevailed to any considerable extent and it has never become epidemic. Hence, were vaccination to become general, it would be certain to cause sickness or death of a thousand children where one child now sickens and dies from smallpox . . .

“. . . In the book of Dr. Peebles on vaccination there are statistics to the effect that 25,000 children are annually slaughtered by diseases inoculated into the system by compulsory vaccination. It is shown beyond doubt that vaccination is not infrequently the cause of syphilis, cancer, consumption, eczema, leprosy and other diseases . . .

“Finally, the proper safeguard is by sanitation. The chances are that within a generation vaccination will cease to exist. It will

go the way of inoculation, bleeding, purging and salivation. The vaccinators must learn to live without sowing the seeds of death and disease."

On the foregoing pages, I trust I have presented enough of the many statistical facts to prove to the reader that vaccination and serum-therapy are certainly and utterly futile in preventing disease; to arouse in him an apprehension of the great injury to health resulting from such practices; and to enlist his individual efforts in the dissemination of these facts, so that suffering may be avoided and lives may be saved.

CHAPTER X.

X-RAY AND RADIUM TREATMENTS AND THEIR RESULTANT INJURIES

Another great injury to health emanating from modern medical practice is that resulting from X-ray and radium treatments.

Only in instances of badly broken bones, or when in order to facilitate the removal of a foreign material from the body, it is necessary to determine its exact locality, does the X-ray prove to be of benefit to human life. In these infrequent cases it is of value, and the deleterious effects from its use are justified.

Any repeated X-ray examinations or X-ray treatments will cause a process of cell and tissue degeneration, which, as has been explained in a foregoing chapter, is the beginning of all human disease. The same is true of radium treatment.

The following article, printed in the Chicago Tribune, December 4, 1922, exemplifies the malignant effects of the X-ray treatment: "Paris, Dec. 3.—Prof. Vaillant, director of the X-ray laboratory of Lariboisiere hospital, underwent his thirteenth operation for amputation yesterday, made necessary by the withering effects of X-rays during the long ex-

periments that have won him prominence. His right forearm was amputated in an effort to stop the creeping X-ray malady. The operations, which have succeeded one another, were begun on Prof. Vaillant's left side with the removal of his fingers and ending with the amputation of his arm at the shoulder. The disease has now attacked his right side."

Dr. Clarence C. Little, now president of the University of Maine, conducted experiments at the Carnegie Institution, Cold Spring Harbor, New York, of the effect of X-ray treatment on mice. Dr. Little gave the mice the same mild X-ray dosage as is commonly used on human beings. While the mice that were treated showed no noticeable ill effects, their offspring for the next two generations suffered from many peculiar deformities.

There are fads in medical treatment as there are in fashions in dress. Just now the vogue is radium and the X-ray. The growing X-ray mania is becoming so widespread that it is hardly possible to consult a physician or dentist without being confronted with the necessity of one or a series of X-rays, before further treatment of the case can proceed.

During the past few years X-ray and radium have been used extensively in the treatment of cancer. Yet a continued treatment of this

kind, in itself, often brings on this dread disease. In my own practice, several such cases have come to my attention during the last few years.

Though I attribute the appalling increase of cancer as largely the result of the extensive use of vaccines and serums, I am convinced that X-ray and radium treatments are also contributory causes.

The American Society for the Control of Cancer, itself, claims the following facts: that cancer is increasing $2\frac{1}{2}$ per cent in the United States each year; and that it causes 1 death out of every 10 after the age of 40.

This same society, a few years ago, brought about the appointment of a national "Cancer Week," when the alarming increase of this disease should be brought to the attention of the public, and advice given as to treatment.

The society states that during one of these campaigns, October 30th to November 5th, 1921, "fully 600,000 persons were reached by lectures. Several hundred thousand more received the message by short addresses in the churches, lodges and theatres, while countless other thousands saw display posters on the street corners, trolley cars, billboards, or displayed on screens of moving picture houses. Upwards of 5,000,000 pieces of literature were distributed, and the newspaper and magazine

publicity covered pretty generally the whole reading public of the country. It is probably a conservative estimate to say that no less than 10,000,000 persons received the vital facts of cancer control either directly or indirectly during these seven days."

If there were anything in Coué's theory of mental suggestion, one would expect the greater part of our population to be suffering from cancer by now.

The literature sent about by the Cancer Society is decidedly confusing in its advice. In one of these handbooks, "What We Know About Cancer. A Handbook for the Medical Profession," we find the following assertions: "On the one hand the physician does not wish to let himself get the reputation of being an alarmist . . . On the other hand, he cannot for the sake of the patient, wait for the more certain symptoms to develop, and for the disease in the meantime to become incurable . . .

"It is a well known fact that a considerable proportion of malignant tumors are not recognized by the doctor when the patient presents the indefinite early symptoms of the disease . . .

"The early diagnosis of cancer is recognized to be the one factor of greatest importance in the successful control of the disease . . . Unfortunately, cancer in the different organs and

regions of the body presents itself by a variety of different symptoms, such that they must be considered, not as manifestations of one disease, but rather as of many different diseases. In other words, the symptoms of early cancer are not distinctive; and in general the dictum holds true, that the more certain the diagnosis, the less probability of a cure."

Could statements be more contradictory? Early symptoms, which cannot be recognized by the doctors should be recognized by the patient. And after diagnosis is certain there is little hope of a cure.

Apparently becoming discouraged with their inability to recognize cancer symptoms, the doctors are now devoting their attention to what they term "precancerous symptoms," such as warts, moles, birthmarks, etc. These they claim to be able to recognize when they see them.

While, as stated by the Cancer Society, "the physician does not wish to get himself the reputation of being an alarmist," the following warning is printed on the last page of the handbook, "What Everyone Should Know About Cancer"; "Everyone should remember, therefore, that cancer begins as a very small growth, and if it could be removed a short time after it appears, would always be curable.

As the symptoms are obscure and not always characteristic, it is necessary to consult a good physician at the earliest possible moment . . . This should be borne in mind by every person over forty. Cancer kills one in ten people in the United States after that age."

After asserting that there is little known of the cause of cancer; that the disease cannot be detected in its early stages; and that it is incurable in its advanced (detectable) stages, the Cancer Control Committee advises frequent visits to a good physician, so that cancer may be detected before it is detectable.

The "Cancer Control" literature forcibly impresses on the mind of the reader the importance of these frequent visits to a "good physician," at the same time warning him that "Cancer cannot be cured by osteopathy or Christian Science."

Unquestionably this advice was followed during the last few years by thousands of people who received one or more of the recommended treatments, which are surgery, radium and X-ray.

The results, as given below, cannot be very gratifying to the Cancer Control Committee.

The following, which are the most recent cancer statistics available, are taken from the American Journal of Public Health, January, 1923 (page 63): ". . . The total number of

deaths from cancer in the entire United States for 1921 was 93,000, while for 1920 the number is estimated as 89,000, or 4,000 less than for 1921."

The time is not far distant when radium and X-ray treatments will be abandoned like other gigantic mistakes of the medical profession, and will be recognized as the cause of considerable disease and suffering.

CHAPTER XI.

STATE MEDICAL CONTROL A MENACE TO HEALTH

"Against the body of a healthy man, Parliament has no right to assault whatever, under pretence of the public health; nor any the more against the body of a healthy infant." Prof. F. W. Newman, of Oxford.

There seems to be no hope now in sight to keep thousands from rushing annually to their own destruction, through the injurious treatment of the medical profession. The danger signal may be given by those who see the truth, but there will always be some who, unheeding or unbelieving, will still cling to methods of self-destruction.

It should be the right and privilege of every individual to choose his own method of treatment. If one desires allopathic treatment and all the serums and vaccines it prescribes, no law of state or nation should deprive the fulfillment of that desire.

The same regard for personal liberties should be conferred on those who, knowing the harm of such treatment, refuse its application.

This latter group is fast finding itself in a precarious position. It is being deprived of such liberties, the right of which are held in question. State Medicine is becoming the law of the land; and State Medicine is synonymous with Allopathic Monopoly.

When the Constitution of the United States was framed, Dr. Benjamin Rush insisted that there be incorporated in it a clause for medical as well as religious freedom, holding that the one as well as the other was necessary to the safeguarding of liberty.

He was not successful, and since that day the battle for medical freedom has been waged with increasing hostility.

For many years, the American Medical Association, which is the official organ for the Allopathic School, has been making strenuous efforts to establish a national Department of Health, ostensibly to better the national health, but with the real motive and objective of promoting its own interests.

As evidence of this underlying motive, we have the following words of Dr. W. A. Evans, formerly Commissioner of Health of Chicago, and now editor of the column "How to Keep Well," with which every reader of the Chicago Tribune is familiar. The following statement was made by Dr. W. A. Evans before the Section on Preventive Medicine and Public Health

of the American Medical Association, Los Angeles, June, 1911, and was reported in the Journal of the American Medical Association, September 16, 1911. Dr. Evans said: "As I see it, the wise thing for the medical profession to do is to get right into and man every great health movement; man health departments, tuberculosis societies, child and infant welfare societies, housing societies, etc.

"The future of the profession depends on keeping matters so that when the public mind thinks of these things, it automatically thinks of physicians, and not of sociologists and sanitary engineers. The profession cannot afford to have these places occupied by others than medical men."

Dr. Evans' advice has been well carried out. No doubt his most ambitious hopes have been surpassed, in our present condition of medical slavery. State Boards of Health are dominated almost entirely by physicians. School Boards accept and enforce their edicts. And with this growing medical control we have a coercion that has replaced former persuasion.

That unlimited state medical control and a National Department of Health has been the objective of the medical profession of this country was substantiated in an address by Dr. J. W. Van Derslice before the Illinois State Medical Society, Rockford, May 19, 1920, in

which he said: "The medical profession of this country has given organized and individual effort toward the creation of a United States Department of Health. To this idea all have subscribed; this largely, first, because it appealed to our vanity; second, because many prominent members of the profession approved it . . .

"For example, the aim of some of the advocates of this venture is that the department regulate the practice of medicine and allied professions: supervise all state departments of health; all state institutions, hospitals and dispensaries; that all candidates to enter the study of medicine expecting to receive state appointment shall first secure a certification of fitness from said department . . . In other words, build up the same political institution as West Point; . . . to have periodic physical examinations of every individual in the state; the establishment of compulsory treatment, without limitation, other than recovery or death, of those compulsorily examined and found to be below the minimum standard of health and of those taken sick; a compulsory sickness insurance system to provide funds; the insurance premiums and payments to be determined along actuarial lines . . .

"That the above picture is not greatly overdrawn as to the activities desired by those

now in authority in the Government Public Health Service is evidenced by the many bills that have been introduced in Congress in which various states were to receive government subsidies when these states agreed to act conjointly with the Public Health Service.

"There is to be a very definite attempt to secure a national department of health in the near future."

In criticism of the proposed establishment of a National Department of Health, James A. Gardner, M.D., Buffalo, in an article "Socialistic Tendencies in Medicine," published in the *Journal of the American Medical Association*, August 12, 1922, said: "The drift toward paternalism and pauperization is strong. Beneficent social workers have been working overtime to give us our Sheppard-Towner maternity bill, which will cost the taxpayers about \$6,000,00 for five years. Also a bill was introduced for the formation of a national board of health, with a seat in the cabinet providing for federation of all state, municipal and county health officers, and placing them under a Secretary of Health at Washington. It provides for a suitable central office for each health division and for regional hospitals and sanitoriums, to be supported jointly by the state and federal government, so that adequate free facilities may be provided for all

those suffering from infectious diseases, particularly tuberculosis, as well as surgical diseases, in order that these diseases may be cured and eradicated. Only \$63,000,000 is needed to develop this idea."

The present state of medical tyranny is the natural outgrowth of the endeavors of the medical profession to retain its life. The same efforts would be exerted by any profession or trade under like conditions.

For a number of years, the medical profession has been losing ground. Many lost faith in its pills and powders and turned to other methods of healing, with such satisfactory results, that medical leaders saw the need of organization. And the medical monopoly now existing is the natural result of an economic necessity.

The source of all human conduct is selfishness. In this respect the medical profession is only human like any other profession. Doctors are not particularly interested in curing disease; least of all in preventing disease. And by this, I do not mean that there are no physicians conscientiously interested in their work and their patients. There are such men in this profession, as there are such men in all walks of life. But the doctors as a whole are like the trade unionists, who want plenty of jobs, and want them all for their own union.

If a doctor knew of a treatment, contrary to that of his own school, which would effect a cure, in all probability he would think it better to let the patient die in the faith.

The following extract taken from an article in the Erie Despatch, February 24, 1919, is illustrative of the underlying motive of some physicians in lending their support to "preventive medicine." The article states: "He (Dr. William Havard) referred to the Chicago Health Officer, Dr. John Dill Robertson, who played so prominent a part in the meeting of the Public Health Association last fall. He said that some of the young medical graduates who had been employed by the city to act as medical inspectors in the public schools complained to Dr. Robertson that they were only receiving \$75 a month, and they thought in view of the value of their services, they should have more pay. Dr. Robertson replied that before the school inspection system was started these young doctors had not been able to keep their office practice alive. 'If you neglect the school inspection your offices will be empty.' "

Dr. Robertson, who is now president of the Chicago Board of Education, is one of the contributors of numerous articles now appearing in public health journals, advising physicians to lend their influence to public

health work and thereby double or treble their incomes. In the opening article of the *American Journal of Public Health*, January, 1923, Dr. Robertson says: "With the five thousand doctors in Chicago, with nearly three million inhabitants, this means but six hundred individuals to each physician; and if each physician in the City of Chicago would assume the responsibility of keeping six hundred people well, have an annual physical examination of each of the six hundred, see that they are vaccinated, see to it that when they go for their vacations they are immunized against typhoid fever, see that they use pasteurized milk, see that the open case of tuberculosis is not in contact with children, then their time would be so occupied that there would be little left to care for any sick . . .

"Go to your office tomorrow morning, take down your record and find how many people there are for whom you are the family physician. Take those who have been to your office within the past year; write them a letter; tell them that you would like to have them drop into your office, that you would like to talk with them. Bring them in, place them on the other side of the table from you, and sell them the idea of health. . . .

"Later on this will lead to an annual contract; and when you have six hundred pa-

tients signed up you will be amazed at the fact that your income has doubled or trebled in the course of a year."

Dr. Alfred Croftan thinks the public is becoming aware of this element of cupidity underlying public health movements. In an article published in the *Journal of the American Medical Association*, February 25, 1922, Dr. Croftan says: "As things are drifting today, health centers, superspecialists, etc., are driving a cold wedge between the physician and patient. The sick patient coming to his physician in pain or suffering, frightened and in confidence, misses the old hearty personal relation, for which we are substituting something very mechanical. On account of the increased 'overhead' incident to these modern arrangements, it has become more and more difficult to exclude commercialism and to rule out the element of cupidity. The tendency is for the doors to be thrown open to questionable practices, professional and financial, chiefly along the lines of needless surgery, needless diagnostic fussing, and unduly prolonged courses of treatment, with the needless hospitalization and consequently needless expense. It is really quite wonderful that in the great majority of instances the work remains as honest as it is; for it is very easy to be crooked, and the difference between the

straight and just a little crooked can make an enormous difference in the professional income. I think the public is beginning to understand this, and to assume an attitude of somewhat amused suspicion toward the doctor, and in general to contemplate acts of self-defense."

The individual is always subject to the will of the majority. In the matter of treating disease, the physicians are in the majority. Therefore, the individual must submit to physicians' methods, whether he desires it or not. To overthrow a tyrant is easy. To protect the rights of the individual from the tyranny of the majorities is a far more difficult undertaking.

Everybody "harps" upon his rights and accepts with stoic resignation the deprivation of such rights.

The people send up the legislators; and the legislators make the laws to suit the strongest organization with the best financial backing. Individual rights are becoming less and less regarded in legislative procedures.

That the doctors have controlled medical legislation to their utter satisfaction is shown by the following statement made by Dr. W. C. Gorgas, while president of the American Medical Association, in an address delivered at St. Louis, June 6, 1910, and published in the Jour-

nal of the American Medical Association, June 11, 1910. Dr. Gorgas said: "Our association is probably the most compactly organized body of men in the whole country. Its branches are located in every part of the country. Through the county and state society we can reach all National legislators. This gives us great influence on legislation. During the past year our committee on Medical Legislation has been very active and successful in shaping National legislation."

Clarence Darrow, in an address before the American Medical Liberty League, October 26, 1921, throws considerable light on the methods of medical legislation. He says in part: "To tell you or to tell me that we must have such a physician as the State Legislature provides, is to take away one of the most fundamental rights. Who makes these laws? I do not know whether you have ever seen a legislative body in session or not. Members of the legislature are not historians; they are not philosophers; they are not humanitarians. They are just members of the legislature, politicians, who as a rule, care nothing about whether your welfare is taken care of or not. The only thing that interests them is whether they will get votes; that is all. So, the doctors organize . . . I have been there myself and I know. I was able to tell

by the number of telegrams on my desk in the morning, about any certain matter, whatever it was, that some body or organization had got busy to do up the people . . . We have allowed the doctors to write the medical laws . . .

"Of course, the doctors have made an absolute monopoly of the way men should be treated for disease. They might just as well prescribe by statute what men should take if they had a disease. They have prescribed the kind of men we should employ, what they shall learn and where they shall graduate; and they tell us we should not die except by their aid.

"There are few men who have gone through the regular grind who have ever discovered anything. Harvey, who discovered the circulation of the blood, was not a regular physician. Most of the men who have done such work, Loeb, Crile and Cannon, are biologists first of all instead of doctors. They may study medicine all their lives and still learn a great deal about the nature of life and man, that, after all is important, if one is to be of any value to his fellowmen. The men who have discovered things are not the men whose minds run in the regular mold; they cannot. It is the daring, the adventuresome men, who are willing to take a chance, who discover things. The fact is that few are willing to

take a chance when they get their diplomas.

"The American people, who are the most careless of freedom of all the peoples in the world, who seem to think the least of it and submit to tyranny the most tamely, sit quietly by while their liberties are taken from them and seem to think it is the act of God. It is time we recognized the importance of it, it is time we got up some organization to protect freedom. Unless the United States wakes up pretty soon, we will be an autocratic government with the last vestige of liberty gone."

One of the main efforts exerted and successfully accomplished by the medical profession has been the control of the press. Generally speaking, the press does not represent or reflect public opinion. Instead, it influences and molds majority thought according to ambitions of the political and financial powers upon whom the life of most papers depends.

Medical associations have their own weekly and monthly magazines. Most of these are not for sale to the public, but they are sent without charge to every large newspaper in the country, the editors of which are requested to print anything they think interesting to the public.

These articles are so worded as to impress the people with the idea that health boards are altogether altruistic in motive and omni-

potent in power to prevent and cure diseases put under their absolute control. Such articles make a strong impression on unwary readers and readily gain a decisive influence on the thought of the reading public. Here are words of warning and promise and what more natural than that suffering humanity should listen.

The "medical trust" has hundreds of writers all over the country, who are filling the papers with such articles, to say nothing of false and misrepresented statistics.

The public, in general, is incredibly ignorant of disease statistics, and accepts with credulous faith what the health columns of newspapers tell them.

These articles are usually taken from reports made up by health boards, which in order to save their credit, have resorted to all manner of methods in making and misrepresenting statistics that will bear out their claims.

For instance, if the health boards desire the passing of a law giving them more complete control, the newspaper columns are full of articles concerning the prevalence of a disease, with warning that it must be brought under state medical control. After the law is passed, the health officials must make a showing of their efficiency, and accordingly the fatality

rate of the disease is seemingly brought down by their unscrupulous methods.

This was hinted at in the Bulletin of the California State Board of Health, January, 1919. The article said: "That the reporting of cases, even in San Francisco, is not accurate, is indicated by an inspection of Figure 11, which illustrates two things; first, that not only are morbidity reports unreliable, but second, and most disquieting of all, the fact was shown that there was undoubtedly a psychological influence acting upon the medical profession. This is very plainly illustrated. Following the discontinuance of masking and the publication of reports from the San Francisco Department of Health to the effect that conditions were practically normal, the cases reported daily fell to a figure out of all proportions to the deaths that were occurring daily. There is absolutely no argument regarding the occurrence or non-occurrence of a death from influenza or pneumonia as the State Registrar of Vital Statistics has on file the death certificate, which is a written record giving all the details, including the actual date of death.

"There is only one explanation for the discrepancy between the case rates and the death rates in that part of the curve for November 23 to November 30, which shows that for one

week there were about as many deaths occurring as there were cases reported. This would indicate that physicians in their optimism following the subsidence of the main portion of the epidemic, unconsciously stretched a point in favor of the diagnosis against influenza. The same explanation applies in part to the rapid rise of cases following the demand of the health officer for the re-enactment of the masking ordinance, in which the physicians were again impelled by the psychological influence of the non-support of the health department by the supervisors, to give the benefit of the doubt to the side of influenza in their diagnosis."

Among various methods used by the doctors and health boards, there has been that of changing the name of a disease, so that to the public an entire disease has been wiped out, whereas in reality it may be as prevalent as ever. At the present time, there are far more cases of typhoid fever than are reported as such by the doctors.

In the Medical World, London, March 6, 1920, Lieut.-Col. J. F. Donegan makes some startling statements of how this faking is carried on in England. He shows how a disease can be, and often is eradicated by a stroke of the pen. The article states in part: "Having explained how disease can be changed in the

army, which is really an easy matter in the hand of an expert, I shall now endeavor to explain how it can be permanently eradicated . . . I shall confine myself to describing what I consider the best method of disease eradication by the 'Spot Plan System.' "

He then tells of the Director General of the A. M. S. examining his annual Army Medical Report before it was presented to Parliament, and being displeased with the 4,839 admissions to the hospital for sore throat; "He called for his Sanitary Adviser, and said, 'Lickspittle, there are far too many admissions for sore throat this year; and you must do something to reduce them next year, you understand? I won't allow so many men to have sore throat, the numbers of admissions must be reduced.' Lickspittle . . . wisely decided on dealing with the question by issuing a special circular on the subject . . . It said that in the future in the event of a case in the hospital being diagnosed as sore throat, a full report was to be sent to the War Office. A swab of the sufferer's throat was to be bacteriologically examined four times a day. The barrack room from from which the case was admitted was to be inspected four times a day and three times by night by a medical officer for the period of one month. An elaborate drawing of the affected barrackroom, known in the

army as a 'Spot Plan,' was to be forwarded showing the bed of the patient and its relation to the door, windows and drains. After the receipt of that circular, it took a brave man to diagnose a case as sore throat. Men came sick with the affection, no doubt, but they were not entered as sore throat, being put down as tonsilitis, pharyngitis or glossitis. As there appeared to be danger of all these affections being 'spot planned' also at a later date, wise and experienced officers diagnosed all cases of sore throat as sprains and contusions, and in practice it was discovered that they recovered just as quickly. The annual report for the following year showed admissions for sore throat to be reduced from 4,839 to nil. Is it strange that the Director-General should have received the thanks of Parliament for eradicating a disease in this marvelous manner?"

As further evidence of failure on the part of physicians to report cases, when doing so would be to the disadvantage of their profession, we have the testimony of Dr. J. F. Baldwin, President of the Ohio State Medical Association, in an address before that organization, June 1, 1920. Dr. Baldwin said: "For several years we have been hearing much about the advantages of nitrous oxide when combined with oxygen. Unfortunately, how-

ever, there has been a significant and alarming absence of candor in the presentation of the claims of this agent, since with significant unanimity those who administer it are failing to report their fatalities. Teter, of Cleveland, in a personal communication, informed me some years ago that he knew of twenty-six fatalities, none of which had been reported, and I have learned of a number of fatalities in Cleveland since the time he made that communication, but I have not seen reports of those deaths. Gwathmey, of New York, in a personal communication told me that he knew of from twenty to forty deaths, none of which had been reported. Dr. Morgan, of Chicago, assured me some months ago that he did not think there was a general hospital in that city that had not had one or more fatalities, but none of them were reported. He told me that at a convention of anesthetists, he urged them to report their fatalities, but his suggestion fell on deaf ears . . .

"You probably all look upon the Journal of the American Medical Association as an open forum for the discussion of all matters of professional interest, but you will look in vain through its columns for adverse reports on the subject of nitrous-oxide-oxygen, or for papers condemning in any way its use. I know personally of four such papers that have been

sent to that journal, two of them by anesthetic specialists, and one by a professor of obstetrics in a western medical college, but all four were promptly refused, while papers advocating its use have frequently appeared.

"We may surmise the reasons which may have influenced the editor in his attitude in this matter, but those reasons do not commend themselves, and the bald facts which I have stated remain. If this journal pursues this course in regard to this one matter, what confidence can we place in it in its presentation of other professional subjects?"

In speaking of the propaganda used in misrepresenting vital statistics, the California State Journal of Medicine, November, 1922, states: "If we were to believe the various propaganda life statistics that are published in endless variety from various sources, and believe them as to the thousands of lives that are claimed to have been saved by this or that effort, we could easily delude ourselves into believing that the span of life was lengthening so rapidly that we could see it grow."

The following article, from the Masonic Observer, shows how completely the press is controlled by the dictates of the medical profession. The article states in part: "Many readers of the Minneapolis Sunday Journal, of January 8, 1922, will recall the lengthy article

in that number headlined, 'U. S. Denies Charges That Vaccination Fails to Check Smallpox in the Philippines. Accusations by Masonic Observer, weekly paper, challenged figures admitted correct.'

"An answer was promptly prepared to this article, and carried to the offices of the Minneapolis Journal, with full confidence that because of the importance of the subject, and the necessity of throwing all possible light, from whatever source it may be shed, the Journal would feel that it was performing a public service in presenting to its readers the article that had been carefully prepared from actual government reports, and which proved conclusively that the editor of the Masonic Observer, and not his detractors had stated the truth, the whole truth, and nothing but the truth about the Philippines.

"To our astonishment, not to say amazement, the city editor flatly refused to print the article although it was signed by the Masonic Observer editor and full responsibility for its contents assumed by him, giving as an excuse that 'he did not wish to stir up any controversy on the subject.'"

The propaganda of the "medical trust" has been so far-reaching in its influence that many editors are really impressed by the seeming truth of its false and misleading articles, and

in many cases they are sincere in their refusal to print anything to the contrary of such articles.

The element of fear, which is more or less present in the average individual, has made the public easy victims to the false teachings of the medical profession.

The people fear disease and want to be protected against it; hence, they hail with enthusiasm any preventive measures offered by the health boards.

Realizing this, and the heart-felt desire of every mother to protect her child from any physical illness, the doctors have found a most effectual means of gaining their medical control.

Such being their method of propaganda, no stronger weapon could have been placed in their hands than the germ theory of disease, which has been the basis for most health board activities and health laws opposing personal liberty.

Throughout the country there is a constant campaign being carried on through various channels, that the alleged ravages of these harmless little germs may be kept constantly in the minds of the people.

Aside from the ultimate harm coming from injurious effects of treatment recommended, the fear, itself, is a factor in causing consider-

able disease. Most of us are familiar with the old fable of the pilgrim who met the plague. "Whither art thou bound?" said the pilgrim. "I go to Bagdad to kill five thousand people," said the plague. Shortly afterwards the pilgrim met the plague and said: "You told me you were going to Bagdad to kill five thousand people, but you killed twenty thousand." "Nay," said the plague, "I killed five thousand only. The others died of fear."

An illustration of the harm done by health boards in arousing undue fear, was the infantile paralysis scare a few years ago. The following are a few newspaper comments on the subject: The Brooklyn Citizen, July 8, 1916, said: "The outbreak of infantile paralysis is being aggravated by the drastic measures, savoring of panic, employed by the health and other departments to convince the public that they are grappling with the disease. When it is considered that there are several million children in this city and less than seven hundred cases all told, the 'scare' thrown into the public by the health authorities is far from being warranted . . . The best way to conquer it is to keep cool. The Health Department and other city departments should set an example in this respect. What they are doing is the reverse."

The New York Sun, July 16, 1916, said: "The grossly exaggerated notion that prevails here and throughout the country concerning the prevalence of infantile paralysis in New York, the hardships that have been inflicted on the population, the turmoil that has been caused all over the country, result from acts and words, not of the newspapers, but of public officers, who lost their heads, or else had no heads to lose."

The Louisville (Ky.) Courier-Journal, July 15, 1916, said: "We are now having one of those periodical panics into which the people, part of the press and some of the physicians themselves are thrown, on the appearance of the less common infectious or contagious diseases.

"Just now it is infantile paralysis that is alarming the public. Newspapers are inciting that alarm, while some of the men who speak for medical science, and even some who are commissioned as health authorities, betray a notable ignorance of this particular malady, whose prevention they would promote through measures no more germane to infantile paralysis than to a 'stumped' toe."

Dr. Charles W. Burr, Professor of Mental Diseases in the University of Pennsylvania, in an article in the New York Times, April 13, 1913, said: "We are doing rather too much

in protecting the physical health of children. Many of them are being so imbued with the fear of disease that the number of hypochondriacs will assuredly be increased, and hypochondriasis is a form of mental disease."

An editorial in the New York Medical Journal for January 31, 1920, points out the increasing number of neurotics which are being made by medical examinations. The article states: "A good many of the illnesses for which patients seek relief have a neurosis as their basis of origin, and the right abdominal pain, or the headache are merely pegs on which to hang unconscious malingering. Too frequently the peg is supplied by the too zealous, but not over-careful physician who, by acts or utterances, implants the idea that a certain physical ailment exists, and immediately it is created mentally by the patient . . . Is it not quite as harmful to plant erroneous mental suggestions in the making of an examination? If we are helping to swell the rapidly increasing number of neurotics, is it not our duty to observe a few of the simple precautions which will put a stop to this?"

Today, it is the lawful right of health commissioners to isolate people under the theory that they are "germ carriers." Anyone suspected of being a "carrier" may be forcibly taken to a hospital, detained there, tested and

examined in any way, and compelled to submit to any treatment prescribed.

As an example of extreme measures resorted to in dealing with so-called "carriers" is the surgical treatment of six alleged "typhoid carriers" in the army, as described in an article published in the Journal of the American Medical Association, August 30, 1919. The article states: "Some of these men consented willingly to operation when the condition was explained. Others, at first, refused; but when it was made clear that during the war they were subject to court martial if they refused an operation that might fit them for duty, they also agreed to operation."

Of the operations above referred to, one was a surgical excision of the kidney and the other five were operations of cutting out the gall bladder.

Ralph A. Kinsella, M.D., Major, M.C., U. S. Army, says that the Pfeiffer bacillus has been found in normal throats, in times when no epidemic of influenza existed. In an article published in the Journal of the American Medical Association March 8, 1919, Dr. Kinsella states: "The report of the pneumonia commission at Camp Pike, written long before influenza appeared in this country, is of value. Sputums from 132 normal individuals were studied by injecting the sputums into white

mice, Pfeiffer bacilli were recovered in about 35 per cent of the cases."

According to this, if we are to logically carry out the "carrier" theory, over 35,000,000 people of the United States should be isolated as "carriers" of the influenza bacillus.

Another very effectual method of extending state medical control is afforded by the public schools. In 1898, when the possibilities of that field were just presenting themselves to the medical profession, the Journal of the American Medical Association for October 29, 1898, had the following article: "It ought to be welcome news that a new field is opening up for our professional activity . . . Any new outlet for our energies will help to either postpone that 'dies irae' or to mitigate its horrors when it arrives. And we wish to seriously call the attention of the profession to the fact that there is opening up before us today in the school room an almost entirely new field of usefulness, one which could profitably absorb the entire energies of one-third of our present membership . . ."

Protesting against the medical examination and treatment of school children, William Nottingham, M.A., Ph.D., LL.D., in an address at the Convocation of the University of the State of New York, October 22-24, 1908, said: "There are many indications that we are drift-

ing toward the pernicious notion that the citizen is the ward of the state . . .

"It requires but a casual observation on the part of the thinking person to discover a distinct drift toward paternalism in the governmental administration of affairs in this country . . . Never more than under our system has everyone the right to know by what authority, under what pretext, and for what purpose, does the state propose to invade the private domain of the citizen.

"Converging our thought then directly upon the subject in hand: when it is suggested that the 'school authorities assume responsibility for the health and physical condition of the pupils' an important question at once arises. We must all agree that such responsibility cannot exist without the legal right and incidental powers necessary to its discharge . . . The parents naturally would like to know, when they send their child off to school in the morning, how much of him they may fairly anticipate will return at night, and by what authority the missing parts have been subtracted . . .

"Assuming, for the sake of argument, that the physical condition of the average pupil is as bad as claimed, does that afford a sufficient reason for enlarging the burdens and increasing the labors of those in charge by turning

the schools into general hospitals or free dispensaries? It is the plain duty of the school authorities to see to it that the school buildings and the places where the students assemble for study are safe, sanitary, comfortable and well ventilated, and in every way suitable and calculated to facilitate and promote the work to be there performed. When they assume to go beyond this, and to take charge of the physical condition and health of the pupil, we believe they have transcended their functions. This duty should be left to the parent or legal guardian, where it properly belongs."

H. B. Anderson, Secretary-Treasurer of the Citizens Medical Reference Bureau, New York City, in an address recently delivered at a meeting of the New York Board of Education, said in part: "What I have to say at this time centers around two recommendations: first, that the Department of Education protest against the sending of nurses into the homes of school children to induce parents to have their children operated upon or otherwise medically treated; second, that the Department of Education remove its name from the 'circular to parents' with reference to the Schick test and toxin-antitoxin . . .

"Threats of exclusion from school or other forms of intimidation are the natural results

of sending nurses into the homes of school children for the purpose of inducing parents to have their children operated upon or otherwise medically treated. While in some cases a nurse may be modest in her statements, in other cases where a nurse becomes over-enthused about having a child treated, statements are sure to be made which are uncalled for, especially inasmuch as the statements are made verbally . . .

"The department of health is now strenuously seeking to promote the Schick test and toxin-antitoxin in the public schools.

"The Schick test consists of injecting into one arm one-fiftieth of an amount of diphtheria poison to kill a guinea pig weighing 250 grams. A control test may or may not be used on the other arm, consisting of a similar mixture but heated so as to withdraw the toxin and leave the protein.

"In approximately fifty per cent of the cases that are positive, the injection of three doses of toxin-antitoxin is advised at different intervals.

"Some months later, it is recommended that another test be made, at which time approximately ten per cent of the tests are said to be positive, in which case two additional doses of toxin-antitoxin are advised. The toxin-antitoxin mixture contains enough diphtheria poi-

son to kill from two to five guinea pigs but it is neutralized with antitoxin so that it takes about five doses to kill a guinea pig.

"Leading advocates of the Schick test and of toxin-antitoxin frankly state that the goal toward which they are working is to eventually make the Schick test a requirement for admission to the public schools . . ."

The "threats of exclusion from school" referred to by Mr. Anderson, as the result of a parent's refusal to submit to a prescribed operation for his child, are substantiated by an article in the New York Medical Journal and Medical Record, August 2, 1922, which says in part: "A strict admonition is given the mother that these structures must be removed or the child will be excluded from school . . . In some cases the mother comes back time after time and keeps telling us that the nurse has threatened to have the child put out of school unless she saw that his tonsils were taken out."

The question of tonsillectomy is one of controversy, even among the doctors. This is clearly demonstrated in an article by Dr. S. Josephine Baker, printed in the United States Bureau of Education Bulletin 1915, No. 4. Dr. Baker says: "A letter was sent to a number of eminent specialists in nose and throat diseases in this city, asking them what, in their

opinions, were the exact indications for the operative treatment of enlarged tonsils. It was a significant fact that no two of the specialists agreed as to the exact detail . . . There was no unanimity of opinion, nor was any statement made that was practical to apply to the work of medical inspection of school children. In fact, it could readily be gathered from the statements made by them, that if a set of 100 children with enlargement of tonsils were submitted to these seven specialists, no agreement could be reached between them as to the indications of operation in those cases."

That the removal of tonsils is not a slight operation, involving no resultant complications, is brought out by Dr. Henry Heiman, of New York, in an article published in the *American Journal of Diseases of Children* for September, 1922, in which he said: "During the past few years, there has been engendered in the minds of medical men an abounding spirit of antagonism toward faucil tonsils. The pendulum has been swinging toward extreme radicalism. The tonsils have been held responsible for almost every disease of childhood. As portals of entry and foci of infection they have been accused of producing every form of pathologic condition. The obsession has spread to the laity, who are now, with or

without medical advice, demanding the complete removal of the tonsils as a routine of hygienic measure.

"Last year, the medical school inspectors of New York City recommended tonsil treatment for 49,230 school children. If the problem were extended to the whole country it would undoubtedly include a million children.

"Tonsillectomy is quite a major operation. Its risks are very definite. Numerous serious complications have been reported. The indiscriminate removal of tonsils should be condemned . . .

"Numerous complications following the removal of tonsils have been described. In 1912, Koplik called attention to three forms of infection following the surgical removal of tonsils: (1) A moderate febrile reaction; (2) An acute or subacute endocarditis; (3) A severe sepsis with profuse hemorrhages, and bronchopneumonia.

"Dabney describes a case of acute rheumatic fever which developed in a child three days after tonsillectomy.

"Sewell reported fifty cases of serious hemorrhages with nineteen deaths following the removal of tonsils.

"Cases of general sepsis, pneumonia, lung abscess, subcutaneous emphysema, lung in-

farct and meningitis following tonsillectomy have been described."

The New York Medical Journal and Medical Record, in an editorial, August 2, 1922, calls attention to the functional importance of tonsils. The article states: "It is hardly fair to remove organs as important as the tonsils may be, and of which we know so little, for we do not really know their usefulness, simply because they were apparently the cause of infection in certain cases. A careful reading of the paper referred to should cause us to study more extensively the normal functions of the tonsils. In many cases, tonsils have been removed which could have been cured and allowed to remain to serve the purpose for which they were intended."

Dr. J. N. Mackenzie, formerly Clinical Professor of Laryngology at Johns Hopkins University, says, regarding tonsillectomy: "It is a mania, a madness, an obsession. It has infected also the laity. One man confessed that although holding hostile views against its performance, he had been forced to remove tonsils to satisfy the popular craze and to save his own practice from destruction. We rarely see in children the diseases that tonsils are supposed to cause. We do not know whether the tonsils are a source of or a protection against disease. The physiological integrity

of the tonsil is of the utmost importance in infant and child life. This operation is done all over the land by operators of all kinds, and if the truth were known, with great mortality. This ruthless destruction of the tonsils is often so far-reaching and enduring in its evil results that it is becoming each day a greater menace to the public good. No one can tell the damage done to the children of the present generation."

In spite of such warnings against tonsillec-tomy, parents are not left to their own judgment in so important a matter, but are given "a strict admonition that these structures must be removed or the child be excluded from school."

The purpose of the Schick test, which the medical profession is trying to make compulsory in the public schools, is explained to parents of school children, in a circular, as follows: "The purpose of the Schick test is to find out whether or not a child is immune to diphtheria; that is whether he is likely to catch the disease or not. This is done by giving the child a tiny injection in the skin of the arm and then watching whether a red spot is to be seen on the arm a few days afterward. By the presence or absence of this spot the doctor can tell positively which children may get diphtheria and which never will."

Quite a different statement regarding the positiveness of this test is made to physicians, in an article by William H. Park, M.D., in the Bulletin of the Department of Health, February, 1922, in which he gives a number of reasons why doctors cannot positively determine which children are immune. Dr. Park says: "We know from making the double Schick test (that is, one test on each arm), on several hundreds of children that routine tests made even by an expert are apt to show occasional errors. In this test series we found that about two per cent of the children showing positive tests had them only on one arm. There was therefore, no doubt that in two per cent of these children one or two injections had been inserted too deeply, so that the toxin did not remain in the skin and therefore could not produce the reaction. We know also that slight difference in the strength of the toxin solution causes a borderland case to give either negative or positive reaction. Differences in technique and in toxin solution possibly account, therefore, for the apparent change in one or all of the four cases. On the other hand, we know that the amount of anti-toxin in an individual changes somewhat from time to time, so that it is possible that one or all of the four cases might have reacted at one

time and not at another to the standard Schick toxin properly given."

Dr. Louis Harris, in the Medical Record, September 3, 1921, says regarding the immunity of the Schick test and toxin-antitoxin: "We should be guarded in our promises of ability always to confer immunity. We should not instill in the thought that the Schick test and toxin-antitoxin immunization offers a sure protection against diphtheria."

John F. Hogan, M.D., Director of the Bureau of Communicable Diseases, City of Baltimore Health Department, in an article published in the Journal of the American Medical Association, April 8, 1922, said: "Performing Schick tests and immunizing school children with toxin-antitoxin is of little value in the control of diphtheria leading to eradication; nor is it lowering the death rate.

"The eradication of diphtheria will not come through serum treatment of patients, by the immunization of the well, or through the accurate clinical laboratory diagnosis of the case and the carrier followed by quarantine; rather, it will be attained through the mass sanitary protection of the populace, subconsciously practiced at all times."

In the "Circular to Parents," we find in reference to toxin-antitoxin the statement, "It is absolutely safe." And yet in the district courts

of Dallas, Texas, there are on record sixty-nine suits in which judgment has been rendered for the injury sustained from the administration of toxin-antitoxin.

After successfully gaining medical control of the school children in New York, the health board has recently gone a step further. Attempts are now being made to include children of pre-school age. The methods used in this undertaking are described in the *American Journal of Public Health*, January, 1923. The article reads in part: "The first step was to notify the parents that they now had the opportunity to have their children, who were too young to go to school immunized against diphtheria. A carefully worded circular, emphasizing the danger of diphtheria for the young children, was distributed through the schools, just before they closed for the summer vacation. This circular was printed in English, Italian and Jewish, and gave a list of the Baby Health Stations. Of these circulars, 150,000 were distributed through the public schools. . . . 50,000 additional circulars were distributed through the nurses at the Baby Health Stations . . . 10,000 were also distributed through private physicians among their own patients . . .

"The cards sent out read as follows:

"Baby Health Station

“Important Official Notice

“Diphtheria Prevention

“Department of Health City of New York

“Protect your children against diphtheria. Next week, the doctor will vaccinate against diphtheria the children of the Baby Health Station, and also those who are too young to go to school. Be sure to ask the nurse about this wonderful opportunity as soon as you receive this card. She will give you all the information you need. Also, tell your neighbors, who have young children, about it. These injections may save your childrens' lives. This is a special opportunity which the Department of Health offers you. Will you not take advantage of it?”

The Schick test is one of the most irrational fads of the medical profession . It is only a test of the individual's ability to withstand the immediate effects of the poisonous injection. The injection does not in all cases cause a reaction, and in such cases the person is declared immune. If a reaction does occur, he is given a series of serum injections with the purpose of effecting immunity. Contrary to this claimed result, each injection directly poisons the blood stream. Therefore, a tested and serumized person is more liable to the disease after such poisonous substance has entered his circulation.

Another field into which the medical profession has successfully extended its influence is that of the Women's Clubs of the country.

As far back as June, 1911, we find the following resolution being passed by the Council of Health and Public Instruction of the American Medical Association: "Resolved, that this committee be made a standing committee of the Council of Health and Public Instruction, to be known as the Committee for Public Health Education Among Women, and that either men or women may be members thereof, and that this committee shall have charge of the dissemination of information concerning the nature of and prevention of diseases, among women's clubs, mothers' and teachers' organizations, church and settlement groups, Young Women's Christian Association, etc."

It is through these channels that the medical profession has one of its strongest influences. Many such organizations have a Child Welfare Department, usually headed or directed by a physician. This physician outlines the policies and activities of the department, which are unquestioningly adopted and supported by the organization as a whole.

For a hundred years or more, sanitation has been ridding the earth of conditions that invite disease; and for the results of those improved conditions health boards are claiming

the credit as largely due to preventive medical treatment, whereas, in reality, the injury to health caused by such treatment is in a measure undoing the beneficial results of sanitary science.

Frederick L. Hoffman, LL.D., statistician and Third Vice-President of the Prudential Insurance Company of America, said regarding sanitary science and public health: "Sanitary science and preventive medicine are fundamentally separate and distinct from the practice of medicine as a healing art. It would be a lamentable confusion of functions and duties if the view were to gain general acceptance that the medical profession, as represented by practicing physicians and surgeons, is to be considered 'the guardian of public health.' "

Dr. Victor C. Vaughn, one of the profession's most eminent members, concedes that the sanitary engineer is better fitted for public health work than the physician. Dr. Vaughn says: "The trend and spirit of medical schools is toward curative medicine. The graduates of our best medical schools today are not fitted to do public health work . . . It is a matter for consideration whether the medical profession should fit men for preventive medicine or turn the job over to somebody else. The sanitary engineer as an all round man is better

fitted as an epidemiologist than the average physician."

A striking example of the value of the sanitary engineer as compared with the physician is shown in the battle against yellow fever in Cuba. Whereas many doctors willingly gave their lives in their efforts to combat the disease, not until it became a problem of sanitary engineering was the fight against yellow fever won in Cuba.

Descriptive of the oligarchic intents and purposes of the American Medical Association, is an editorial published in the *Lancet-Clinic*, February 18, 1911. The article states: "The American Medical Association is perhaps the best illustration of the effect of organization furore. It has become to all intents and purposes a huge oligarchy. Its policies are directed by a few who, ostensibly acting as the agents of the members, in reality take the initiative in every movement, assisted thereto by the constitution of the society itself. The spirit of democracy is as foreign to it as it is in the realm of the Czar of all the Russias . . .

"We see the same result in the various state organizations. As in the national association, so in the state societies, the thoughts of the members are cribbed, cabined and confined. If any one so far forgets himself as to dissent

from the established order, he is made to feel the sting of disapproval, until he is glad to hide himself and his views from the gaze of his associates. With few exceptions, the official organs in decency and order embalm the intellectual efforts presented at the annual gathering, and these few exceptions are the organs conducted by editors really having some ideas of their own, and these, strange to say, progressive ones. Delegates to the annual sessions vote their aye, aye, with a feeling that they have done their duty . . . The machine is well oiled and the steam roller runs smoothly."

Dr. Frederick R. Green, Secretary, Council on Health and Public Instruction, of the American Medical Association, is one member of the medical profession who was broad-minded enough to see the injustice of state medical control and to publicly express himself in its disfavor. In an address before the Utah State Medical Association, September 30, 1914, Dr. Green said: "Another error into which we have fallen as a profession is the tendency to regard the medical profession as a divinely authorized class, whose sacred and distinctive function is the protection of the people either with or without their consent. It is difficult to understand on what rational basis such a belief can rest in a scientific pro-

fession like ours. The medical profession is recruited from the same class as that which furnishes the lawyers, judges, ministers, teachers and business men of our country. The men who go into medicine are neither wiser, more unselfish, more upright or more infallible in their judgment than those who make up any other class of professional men. Why should we regard ourselves as of superior mold, or why expect our opinions or views to be accepted on any different basis from those of other men of equal intelligence, except in so far as we are able to justify our judgment? Yet too often medical organizations, as well as individual physicians, have taken the position that they were courts of last resort; that it was their special function to dictate the terms of the public health legislation, and that it was the duty of the public to accept their decisions and acquiesce to their judgment."

State medicine is today the most imminent danger besetting our individual and national health. It is based on fraud, accepted through fear, and supported by faith. The most powerful influences of the nation are at its back; namely, the press, legislation, school boards, women's clubs and philanthropic organizations. The laity, including even the youngest school children, have been erroneously convinced of its benefits to humanity.

In view of this organized support, reform seems impossible, especially inasmuch as the majority of that support springs from sincerity.

The only hope of a change rests with the public. The public will follow deceptive teachings until it becomes aware of the deception. It will be persuaded, but not forced. It will be led, but not coerced. In this matter, the public has been deceived, but does not know it has been deceived. It has been persuaded and has accepted, but it does not realize the insidious methods used to force that acceptance. It is subject to the dictates of the medical profession, but so far it has not felt bound by coercion to obey those dictates. Let the people once awaken to the gravity of the situation. Let them once comprehend the injury being done themselves and their posterity, and comprehending, let them feel the hand of coercion forcing submission to that injury, and those responsible for state medical control will be made to answer for the greatest injury ever perpetrated against an unsuspecting public.

CHAPTER XII.

FOOD A FUNDAMENTAL OF GOOD HEALTH

In considering rules governing good health, particular attention must be directed to the three great fundamentals; air, food and water. As the result of the progress of sanitary science during the past generation, the first problem is, for the most part, well solved.

The second great fundamental of good health is food, of which the healthy human body requires a sufficient, nourishing supply.

The nerves, tissues and organs of the body are composed of vast numbers of minute cells, each having its independent life. Upon the life, health and continued vigor of these cells depends the health, strength and endurance of the entire body.

These cells are continually dying. Every motion of the organ or muscle of which they are a part destroys great numbers of them. If they are promptly replaced, health is maintained. If they are not replaced, health declines. And if the impoverishment continues, the part affected will atrophy and disease will follow.

The live cells possess the power to multiply and reproduce themselves indefinitely, pro-

vided they are well nourished. Nature has provided a means of continuous nourishment. During the life of the body there is a constant circulation of blood, carrying food to all the nerves, tissues, glands and organs. This furnishes nourishment for all the varieties of cells of which the body is composed. If the blood is supplied with the various kinds of food required by the various kinds of cells, the latter will appropriate the nourishment which each needs, will continue the cellular structure, building new cells as rapidly as the old ones die. Thus the entire body will retain its full health and strength.

It is, therefore, clear that it is of supreme importance to the health of the body that the blood be supplied with the quality and quantity of food that the various cells require.

Granting that digestion and assimilation are healthy and vigorous, it is important to consider what is the proper food to place in the stomach, both to maintain the digestive tract in vigor and to adequately feed the body cells.

What is natural food for the Twentieth Century American living under normal conditions? Evidently, the food to which the cells of the body have grown accustomed during the more recent periods of evolution. Like all living creatures, the body cells inherit the habits of their ancestors, habits which have

been gradually formed by conformity to a certain course throughout a long period. The cells will thrive when their environment is accommodated to such inherited habits, and they will weaken and die should such environment radically change. They will remain vigorous and strong and will multiply rapidly when the food supplied them is of the variety to which their inheritance has accustomed them, and they will die and fail to reproduce themselves if the food furnished is radically different.

We know that the race has developed and thrived by consuming the various sorts of meats, breadstuffs, vegetables and fruits. The race will continue to thrive on similar diet, provided the digestive organs are kept in health. Any radical departure from such diet or a radical omission of any essential part of it, will weaken and finally destroy the digestion and will cause the body cells, and consequently the tissues, nerves and organs to gradually weaken.

But variety is not the only requisite. Our ancestors ate abundantly. To maintain full health, the descendant must do likewise. Undernourishment of body cells, from any cause, is accountable for most disease, weakness and inefficiency.

Even with an abundance of proper food, undernourishment of cells and tissues may re-

sult, if the digestive organs have become weakened and debilitated and thus incapable of extracting and assimilating the elements necessary for their construction.

Whereas the human body in normal health will thrive on an abundance of rich, strong food, for the patient whose digestion is greatly impaired, its use would be impracticable. In such cases, it is first necessary to cleanse the system of septic poisons and obstructive waste, and to restore the organs of digestion to their highest functional powers.

There is a growing prevalence of the idea, which has been evolved from a long line of dyspeptics, that what is one man's meat is another man's poison; that food which is of benefit to one human being is not adapted to another. Such an idea is contrary to natural law. Food that is suitable for one healthy person is suitable for every healthy person of similar inheritance and environment.

If a particular food agrees with most people and disagrees with any individual, the fault lies not in the food but in the individual's inability to digest such food. When a wholesome, nutritious food causes distress it is a symptom of indigestion. At the same time the appetite may become perverted and unreliable. Unnatural and destructive tastes replace the healthy ones endowed by nature. In such a

case, the correct course is not to omit the food, which may contain the elements most necessary for the nourishment and construction of cellular tissue, but to restore the digestive organs to normal efficiency.

During years of experience in treating many human diseases, I have prescribed foods for patients during illness and convalescence, and I have had the opportunity of watching a number of them for long periods after their cure. Without exception, all have relished, digested and assimilated perfectly an abundance of strong, natural food, once their digestive powers have been completely restored.

During the past thirty years, a large number of prepared foods have been placed on the market, and have been advertised so voluminously and successfully that they have in a majority of homes displaced the old-fashioned breakfast, the most important meal of the day. Instead of a substantial meal of fruit (oranges, grape fruit or grapes), meat, potatoes, eggs, bread and butter, the average American home today provides a cereal, toast and coffee, with possibly bacon or an egg.

In such a meal the bacon or egg is the only item of real nutritive value, and this is too small to constitute an adequate meal for a healthy person. The toast has very little nutritive value and is very constipating. The

cereal is not a substantial food. The cream and sugar usually eaten with it are nutritious food, but are too small in quantity to support health.

Such a breakfast fills the stomach and, for the time being, appeases hunger, but it does not supply the blood with the necessary life-giving substances. Under such a diet the body starves, the digestion weakens and the individual finds his physical and mental strength diminishing.

Many physicians recommend these breakfast foods in the belief that they are good because quickly digested. That fact alone, if true, would condemn them, since the digestive tract needs work to keep it in good condition, just as does a muscle. But the point which should decide against them is the fact that they are very bulky in comparison with their nutritive value, that to a system accustomed to and demanding rich, strong, concentrated food, they supply weak food of low nutrition.

Other physicians prescribe a milk diet for patients suffering from stomach trouble. This is patently wrong. As a supplement of an otherwise substantial meal, pure, unpasteurized milk has a great deal of food value; but if relied upon as an important part of the diet, it will bring about many disorders.

The human stomach, after babyhood, cannot properly digest liquids when not mixed with solid foods. Liquids do not sufficiently excite the gastric juices or start the peristalsis (or churning action) which is necessary to the mixing of such juices with the food. Liquids placed in the stomach along with solids will mix with them, and through the process of digestion their nutritive elements will be extracted.

The baby in arms has a digestion suited to subsist on milk or other liquid foods. But when the teeth come the digestive power changes and solid food is demanded. Milk is an excellent diet for suckling calves, but a weaned calf will weaken on it and a cow fed on milk alone will die.

These modern diets have largely impaired the digestion and weakened the constitution of thousands of people. They are partially responsible for the widespread prevalence of indigestion and constipation and diseases resulting from them.

Instead of correcting the condition by restoring digestion and ordering the patients back to a normal menu, the majority of physicians have intensified the trouble by prescribing still more restricted diets. Finding the digestion weakened by undernourishment, and having no method of restoring digestive

strength, they eliminate the food causing the distress and thus increase and render chronic the disorder.

The stomach and bowels, already weakened by lack of sufficient food, grow still weaker and soon some other food causes discomfort. This, in turn, is eliminated, and the weakening gradually increases until practically all nutritious foods cannot digest and are abandoned. The blood becomes weaker and more deficient, the body cells die from lack of nourishment, and disease increases.

Many of the wiser physicians have discovered that the above statements are true. They know that cereals, toast, liquid diets, partial diets, and especially the raw egg and milk fad not only do not cure, but really starve the patient. Instead, however, of pursuing the logical course in discovering some method of restoring the digestive vigor of the patient so that he could revert to natural food, physicians are seeking by chemical analysis to find some substitute which will support the body, some artificial plan which is not dictated by inherited instincts.

Just now the fad is to determine how many proteids (muscle-building units), carbohydrates (heat and energy-producing units), and ash (bone-constructing units and waste) will make a "balanced ration," and then to devise

a diet which will contain these units in proper proportion to produce a proper number of calories (heat units).

The futility of this should be apparent. The chemist can analyze and weigh the various ingredients, but he knows nothing of digestion and assimilation or of the mechanical action which these require. He can compound substances which will mathematically correspond with his table of proteids, carbohydrates and ash, but he cannot make them digest. Clover hay contains these elements in exactly the right proportions. It is not, however, a proper food for the human being, as no human stomach can digest it and extract its nutritive elements. Various experiments along this line have been made. Years ago, live stock raisers undertook to feed their cattle by a prescription of the chemists showing a combination of food stuffs containing the proper proportions of proteids, carbohydrates and ash, and producing the requisite number of calories. They abandoned the plan when the cattle sickened.

The government, some years ago, made up three or four days' rations into small lozenges which could be easily carried in the pocket, and ordered various groups of soldiers to make forced marches with no other nourishment. Experience demonstrated that while in emerg-

ency, such a ration would for a few days maintain strength, a continued use caused weakening vigor and digestive disorders. The government went back to its regular ration of meat, vegetables, bread and fruit.

Another equally important factor to be considered in correct eating is the time which should elapse between meals. With adults, the time necessary for food to be properly digested, absorbed and assimilated, and for the gastric glands and salivary ducts to be replenished with their digestive juices is from six to eight hours. Children only require from four to six hours, their digestion and assimilation being more rapid, due to their expansion, growth and development.

The importance of not eating between meals cannot be over-estimated. One morsel of food will start the action of the peristalsis, and will empty the ducts and glands of their digestive fluids, the same as the eating of a hearty meal. So that if one partakes of even a little food late in the afternoon, a dinner following within a few hours cannot be properly digested.

Food which is not digested, ferments, and generates noxious gases and poisons which the weakened excretory organs cannot expel. These poisons pass into the circulation, permeate the body and in time bring on disease.

Another menace to the health of our present generation, particularly to the infants, is the pasteurization of milk.

Milk has two chief values, its food and its lactic acid bacteria. When, by pasteurization, these bacteria are destroyed, the milk lacks the health-giving qualities which are the vitamins so frequently spoken of today. The digestive tract of the infant, whose chief food is milk that has lost its vital elements, becomes weak, the blood grows deficient and in consequence the tissues and nerves are undernourished.

Edward Gudeman, chemist, in the Report of the Tuberculin Test Commission said that pasteurized milk, having had its lactic acid bacteria destroyed, when kept, goes into putrefaction and is a poisonous article. After pasteurization, it begins to deteriorate at once and is never a wholesome food.

If the boards of health understood the human body, understood the importance of bacteria to health, and were accustomed to attacking the cause instead of covering up the effects, they would forbid the entrance of any except fresh, sanitary milk into our cities.

The process of pasteurization enables the dairymen to furnish their unwary customers with old milk, as pasteurized milk does not sour for a longer time than the raw product.

All milk should be certified as to its cleanliness, but it should not be robbed of the health-giving elements which nature intended and which our babies require in building the foundation of health and vigor.

The maintenance of health and strength is dependent upon good food. There is no question that if the American people would free themselves from the injuries of medical treatment, would abandon the fad diets and incorrect methods of eating, and would feed their children a variety of strong, nutritious food to which their body cells are accustomed and which full vigor demands, the rising generation would regain the physical ground their fathers have lost, and with the aid of better housing and better sanitation now general, would show a health and vitality which the world has not hitherto known.

CHAPTER XIII.

THE IMPORTANCE OF NATURAL WATER TO A HEALTHY BODY

The third great fundamental to good health is water. While food furnishes the agent which replaces dead cells, repairs waste and supplies the energy for operating all bodily and mental functions, water is necessary for digesting the food, for conveying it throughout the body and for eliminating the impurities from the system.

Three quarters of the entire weight of the body is water. The saliva, the gastric juices, the intestinal, hepatic, gall and spleen secretions. The serum of the blood itself and the lymph of the lymphatic glands are composed chiefly of water. Without it there would be no passing of the food into the stomach, no digestion there, no progress into the intestines, no assimilation into the blood, no circulation through the organs and tissues and no cleansing and elimination of waste.

Water is equally important with food. Where the supply is scant the various body fluids become sluggish, heavy and viscid and the functions which depend upon them become torpid and inefficient.

When an insufficient amount of water is consumed there is little saliva to lubricate the food and cleanse the mouth; the gastric juice is viscid and too small in quantity for quick and thorough stomachic digestion; the intestinal secretions and bile flow only slowly and intestinal digestion falters; the excretory secretions yield only a portion of the amount required and constipation results. The flow of waste matter through the kidneys is restricted and poisons permeate the body. Lacking the natural quantity of lymph, the lymphatic glands become clogged with dead cells and other deleterious matter, and various diseases follow.

For some reason, hard to conceive, the medical profession has, until recently, used its influence to encourage the drinking of very little water. In the past, it has refused water in fevers. It has denounced drinking on an empty stomach as a danger to the proper function of that organ, drinking with meals as causing a dilution of saliva and gastric juice, and drinking after meals as tending to thin and weaken the stomachic and intestinal secretions.

Results prove the anti-water theory of physicians to be not only mistaken, but dangerous. And the wiser physicians have, in recent years, come to that conclusion.

While it is all important to drink a sufficient quantity of water, it is equally important that the water shall be natural. Natural water carries great numbers of bacteria, minute, living organisms, which are absolutely essential to health.

The function of these bacteria is to bring about disintegration of dead matter. They are the agency which breaks up and makes available the fertilizing elements in the soil, which decomposes all waste material. Germs never attack living tissue or substances, animal or vegetable, but they do ravenously devour and disintegrate all forms of dead organic matter with which they come in contact.

The importance of these bacteria to human health cannot be exaggerated. Without their presence in abundance throughout all the liquid-holding and liquid-propelling parts of the body, good health is impossible.

Sterile water taken into the stomach and bowels mixes only gradually with the food, and digestion is slow and incomplete. It will not properly dissolve or prepare the indigestible elements for elimination.

But when these living organism are introduced in abundance they at once attack the food, pulverize it and make it susceptible to the operation of the gastric and intestinal

juices. They decompose and render fit for easy excretion the various elements in the food that the body juices cannot utilize. Circulating through the blood, they devour and eliminate poisons and waste which they find clinging to the tissues and glands, thus keeping the body free from noxious substances which would interrupt normal functions and in time cause debility and disease.

Complete digestion and assimilation of food by the body and prompt and full excretion of waste are absolutely dependent upon the drinking of sufficient water which is teeming with bacteria.

Yet the profession upon which the people rely for rules of health is at present making the drinking of health-giving water impossible. And not being satisfied with its mere sterilization, medical health boards are now pouring into the city water supplies, large quantities of chlorine, the injurious nature of which may be judged from the rapidity with which the water contaminated with it destroys iron pipes. This is referred to in the following article taken from a Chicago daily paper: "Chicago will become famous for its silver-plated drinking water. Two hundred pounds of silver have been installed at the city pumping stations to protect valves from the action of the chlorine placed in the water to kill ty-

phoid germs. The chlorine and silver unite to form silver chloride which protects the pipes from the corrosive action of the chlorine. The $\frac{3}{4}$ -inch pipe which carries the chlorine to the wells is of silver."

The following definition of chlorine is taken from the American Illustrated Medical Dictionary: "A yellowish-green gaseous element, of suffocating odor . . . It is disinfectant, decolorant, and an irritant poison." The first attack at Ypres was made with chlorine.

People who habitually use sterile and chlorinated water will, after a time, suffer from indigestion and constipation with their injurious consequences. Sterile water lacks the bacteria necessary to prepare the body's waste for proper elimination. Such impurities remaining in the system, are retained by the glands, sometimes starting abnormal growths.

An example of this is evidenced in the appalling increase of goiter in Chicago and the surrounding suburbs, since the use of chlorine in the water. The development of goiter is becoming so prevalent that it is noticeable to any close observer.

Switzerland is noted for its pure water, devoid of bacteria. That country is also known as the "Mother of Goiter."

The habitual use of sterile, chlorinated water is undermining the health of millions of peo-

ple. Retained waste in the system not only develops abnormal growths and other diseases, but it lowers the vitality and powers of resistance, leaving the individual more susceptible to illness caused by climatic changes, such as influenza and pneumonia, diseases which are now claiming the lives of thousands each winter.

Thousands have died of fever because they were refused the water for which their natural instincts cried out, and which would have relieved the fever. Thousands are undergoing chronic suffering because deprived of natural water necessary to dissolve poisonous accumulations in their bodies. And thousands of children are laying foundations for future physical debilitation.

The physicians have destroyed and are destroying the health of great numbers, by forbidding them to drink the bacteria-teeming water which nature provides for maintaining health and preventing disease.

CHAPTER XIV.

METHODS OF MEDICAL PRACTICE, PAST AND PRESENT

"We still have the public as abjectly cowed to-day, before the omnipotent hosts of bacteria, as it was by the evil spirits and ghosts and witches of a past century." — Dr. Park L. Myers.

From the time of the witch doctor down to the present day "germ doctor," the medical profession, with its great schools, thousands of laboratories and countless trained students has failed to discover the cause of human disease.

In olden days, the cause of disease was attributed to evil spirits, and treatment involved different methods in the attempt to eliminate these spirits from the body. Sometimes, the good offices of friendly spirits were sought with prayer and sacrifice. Tom-toms were often beaten to drive them away. And in case of a headache, treatment sometimes consisted of boring a hole in the skull to allow their escape.

Today, medical practice is founded upon the germ theory as the causation of disease; a

theory as erroneous and superstitious as any ever advanced by our most primitive ancestors, and the treatment emanating therefrom a greater injury to man.

In the days of evil spirits, so-called witches were accused, tried, found guilty and convicted of a presumed power to direct the health-destroying activities of the spirits. The ablest defenders of human justice were unable to save these innocent people. Their lives were sacrificed at the demand of the ignorant and deluded in their sincere desire to save the lives of the majority.

In our civilized and enlightened present, we have the so-branded "germ carrier," who, although he may be a perfectly healthy, law-abiding citizen, is deprived of his liberty, refused employment and isolated from his friends and relatives because he carries germs which may be found in almost every healthy person, and which never have and never will cause a single human disease.

Never having discovered the cause of disease, the medical profession has founded its investigations and its practice upon a wrong principle. Its entire energies have been devoted to symptoms and effects instead of the causes underlying them.

The physician seeks to relieve the swelling, the fever, the pain, which are but signs and

effects of a deeper trouble, and allows that deeper trouble to develop unmolested. He treats a headache, but leaves undiminished the accumulated, active poisons which caused the headache and which will cause others. With a spray, he relieves temporarily a catarrhal congestion, but has no method of reaching the condition which caused the catarrh. He removes the infected tonsils, but leaves without treatment the mal-functioning which produced the infection. He prescribes cathartics, enemas and bran for constipation, all permanently injurious to the already weakened intestines.

The physician relieves immediate distress, covers up or obliterates the symptoms, and in some cases beguiles the patient into the belief that he is cured, while unknown to the sufferer the primary cause of the distress insidiously increases, the condition of the body steadily if slowly deteriorates, and later on chronic maladies break forth which could not have developed had the physician in the first instance cured the ailment underlying the symptom.

Outside of a small percentage of modern surgery, medical practice has no treatment to offer that is not of more or less injury to health.

In cases of accident and injury, surgery cannot be overestimated in its benefit to man.

Unfortunately, however, most of the operations performed today are unnecessary, unjustifiable and injurious. They cripple the bodily functions, lower the vitality and leave the system more susceptible to disease.

A frequent operation, the popularity of which is somewhat on the wane, is the removal of the vermiform appendix. It is admitted that in many cases the appendix is found not to be diseased; that the operation is the result of a false diagnosis.

But that aside, there is never a justification for the removal of the organ. It is not a supernumerary, as some physicians tell their patients, but serves a definite, useful purpose, acting as a necessary aid to the colon.

An inflamed appendix is the effect of a general cause, namely, intestinal indigestion followed by unnatural ferments. When the appendix is removed the colon no longer performs its proper function, and the intestinal indigestion with its long train of injurious effects is increased. The proper treatment is to eliminate the general cause and retain the organ's useful functions.

The fad for tonsil operations has extended to the laity who have been erroneously convinced of the beneficial results of their removal.

Tonsils perform the important function of filtering impurities from the blood. When these impurities are greatly increased by degenerative processes taking place in the system, the tonsils may become engorged, inflamed and painful.

The removal of the tonsils in no way reaches the source of infection. It remains the same, and poisons generated therefrom are carried to some other part of the body where their elimination may be more difficult and their effects more injurious.

The surgical operation cannot remove the cause of disease because it cannot reach that cause. Instead, it obliterates, destroys or weakens bodily functions which are essential to perfect health.

As a result of growing skepticism of patients in the efficacy of drugs and surgery, the physician has found it necessary to substitute other methods of treatment. At present, the most popular of these is the prescribing of special diets, particularly for digestive disorders. Such treatment is unscientific and injurious to the patient.

As already stated, one of the great fundamentals of good health is food. To maintain the body in full health requires a sufficiency of varied, wholesome, nutritious foods.

Indigestion does not indicate that such foods are ill-adapted to the digestive organs, but rather that these organs have become too weak to properly digest the food and extract the beneficial elements therefrom.

It is clear to science and to common sense that the true remedy is to restore the lost strength of the digestive tract.

But physicians meet the problem by dodging. They substitute for the natural food, to which the stomach and bowels are adapted and upon which the health of the whole body depends, predigested, weak and unnutritious foods. The aim being to relieve immediate distress by prescribing foods which do not tax the weak digestive organs.

This is the reverse of scientific. It is not a remedy but a surrender. It is as unreasonable as to order a patient whose arm muscles have become weak and flabby to use the arm so sparingly that a regeneration of the muscles would be impossible.

Similarly, by giving the patient easily digested foods, the stomach and bowels are deprived of their natural functions and they become continuously weaker. As times goes on, they reject one after another of these carefully selected foods.

And with this progressive weakening of the digestive tract comes a debilitation of the

whole body, since properly digested food furnishes the blood with the only elements upon which the bones, tissues and organs can subsist.

Dieting may deceive the patient by giving a temporary relief from distress. But if continued, the effect is to steadily lower the efficiency of the stomach and bowels, to reduce the life and strength-giving qualities of the blood, and to remove from all parts of the body the resisting power which nature has provided for combating disease.

In cases of indigestion, the only sane remedy is to restore the digestive organs to health and vigor, a remedy unknown to the medical profession.

What can so-called medical science do to cure any human disease that is not self-limited? To starvation and poison it adds more starvation, more poisons and the cutting out of necessary organs. The last state of the patient is worse than the first. And as pain increases, debility augments, and natural functioning lowers, he slips steadily down the incline of ill health.

CHAPTER XV.

THE CURE OF DISEASE

In preceding chapters I have severely arraigned the majority of methods employed in present day medical practice. I criticize with confidence, for I have personally verified every statement, and know it to be true.

To develop and perfect my own treatment, which has no relation or similarity to any other method of treating disease, I found it necessary to adhere, not to the theories of even the highest authorities, not to the speculations of any school, but to the actual laws which govern the human body. It was essential to learn thoroughly the fundamental principles that restore, maintain and preserve perfect health; the practices which depart from those principles; the procedure necessary to remove the effect of such practices; and the method of treatment capable of restoring the body to vigorous health.

As stated in a preceding chapter, on the cause of disease, the beginning of all human disease is cell and tissue degeneration, which, barring accident and injury, is caused by poisons generated within the body or administered from without.

Therefore, the first step in the cure of disease is to eliminate these poisons from the system. In acute, self-generated diseases a cure is easily and quickly effected.

Chronic diseases, however, involve many complications, are difficult to cure and require weeks and months of treatment according to the nature and development of the ailment.

In chronic cases there is an excess of accumulated poisonous waste which, to some degree, permeates the entire system. This poison has also destroyed more or less the peripheral blood vessels and capillaries, thereby making its elimination possible only through the process of dissolution and absorption.

Besides eliminating all poisonous waste from the system, it is at the same time necessary to rebuild the broken down cells, tissues and organs before a cure can be effected. This can only be accomplished by conveying to the degenerated parts a continuous supply of rich, food-laden blood.

And here, another difficulty presents itself. The blood of chronic patients is more or less weak and deficient. To fill it with health-building elements requires perfect digestion, absorption and assimilation of a variety of foods containing the greatest quantity

of these elements. Such foods, with few exceptions, are the most difficult to digest.

In all chronic diseases, digestion is more or less impaired, so that before other affected parts of the body can be rebuilt a complete restoration of the digestive organs to their highest possible efficiency is imperative.

There are few chronic diseases that cannot be cured. The only diseases that I have found to be incurable are those where the degenerative processes have reached a momentum greater than the treatment's power of elimination and reconstruction.

CHAPTER XVI.

CONCLUSION

Down to the last generation, the human race, in spite of many obstacles, steadily progressed in strength and vigor, where sufficient food was available and where there was not the unnatural environment of crowded cities to produce pestilences. The present degeneration in health must be attributed to some fundamental condition. Most conditions have steadily improved. Mankind is better housed, better clothed, protected by better sanitation and freer from strains than it has ever been. The deterioration in health must be ascribed to some departure from natural law.

Investigation discloses such change in the substituting of weak diets for the strong, nourishing food of our forefathers, in the sterilizing of milk and water, and in the turning of the masses to the use of drugs, serums and other injurious treatments; in short, to a general departure from laws indicated by natural instincts. Such departures have always obtained, and disastrously, among a limited few, but until the present generation have never permeated the mass of the people. Today, with the increasing power of state medical

control, the injuries of medical treatment have extended to the working people, who are becoming so physically weakened by them that it now takes three working people to accomplish the work done by two, thirty years ago.

The command of nature is to be natural. The true rule of health is to obey the laws under which the race has developed. The great failure of the medical profession lies in the fact that it has avoided what is natural and has devoted its entire energy to devising some artificial substitute for natural law. It has founded its entire practice upon theory. It has insisted that the race depart from the instincts and practices that have proven themselves, during the long process of evolution, to be necessary to the welfare of mankind. It has attempted to cure maladies by injecting poisons, by still further depleting the blood through partial diets, or by removing organs whose presence in the body demonstrates the body's need of them.

It has failed. And in its failure it has dragged down a considerable proportion of the American people from their robust health to which they are rightful heirs, and has brought about far more suffering than it has ever relieved.

Unless something can be done to free the American people from the injuries of medical

practice now tyrannizing all classes, in fifty years, we will be plunged into a physical degeneration beyond any regenerative power.

The true principle of health, founded upon reason and confirmed by my actual observation, is that the healthy human being will continue in health and vigor, will be immune from disease and will live to robust old age, provided he lives in conformity with the habits and instincts which have evolved the race, and particularly provided he eats at proper intervals a variety of nourishing foods, drinks natural water, takes sufficient exercise, and rejects devitalized foods, drugs, serums and non-natural practices now so commonly advised by the medical profession.

Sound, robust health is the foundation of all human happiness and efficiency.

As nature keeps all lower animals, domestic and wild, healthy, full-fleshed and sleek, and ensures them long life, when given free access to their food and water and when protected from accident and violence, so nature intends every human being to enjoy a happy, vigorous youth, a strong and efficient maturity, and a comfortable, serene old age. When nature's laws are obeyed, these results will certainly follow. Where these results are not found, investigation shows that such laws have been flouted.

Nature has given to every human being, not born defective, a birthright of health, vigor and long life. She has evolved a system of laws which, if obeyed, will keep the body from birth to death healthy, full-fleshed, vigorous and efficient. And she has implanted in the body instincts, which clearly indicate these laws and incline the healthy body to obey them.

I, therefore, send forth this book with the hope that a sense of the imminent danger besetting our national health being aroused, the American people will break the chains of medical bondage, will abandon the teaching of false prophets, will again conform to natural rules of health and will enter upon the enjoyment of the birthright given by nature to all who obey her laws, that of perfect health, vigor and long life.

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